

Kawartha Natural Health Clinic

Your Health Matters To Us!



Chiropractic



Acupuncture



Laser Therapy



Ionic Detox Foot Bath



Massage Therapy



Infrared Sauna



Naturopathy



Orthotics



Graston Technique



Informed Consent

Signing this form indicates that you are voluntarily and with full knowledge willing to participate in the Vitality Weight Loss Program.

It is advisable to consult with your physician before beginning any weight loss program.

At no time will there be any implied or stated indication to any client to discontinue or alter any care that they are receiving under the direction of a physician.

I have been made aware of the side effects of the program including:

Headaches-treatable with ibuprofen

Diabetes-adjustments must be made to diabetic medication as weight is lost

Gout-may experience flair up in initial stages, usually subsides by week 2

Gallbladder-may experience flair up (very rarely)

While following the protocol as directed has proven weight loss results, I realize there are no guarantees and accept full responsibility for monitoring my own progress.

I have fully read and understood the information, and I hereby agree to begin the Vitality Weight Loss Program. I am aware of the precautions that apply to me and realize I will be fully responsible for monitoring any reactions.

Client Signature: _____ Date: _____

Name: (please print) _____

Phone Number: _____

Email Address: _____

Witness : _____ Date: _____