



TAYLORED PATH

NUTRITION & HERBAL MEDICINE

Taylorored Path Nutrition & Herbal Medicine Liability Form

Full legal name here:

I hereby acknowledge and agree to the following,

1. The purpose of nutrition counselling is to improve the overall health, vitality and well-being of the body through nutritional education and the use of natural food and non-medicinal nutritional supplements. The Nutritionist, Taylor Angelise Johnston, does not medically diagnose diseases, disorders or conditions.
2. The Nutritionist Taylor Angelise Johnston is not a licensed dietitian or physician and maintains the title of Certified Nutritional Practitioner through the Institute of Holistic Nutrition.
3. As part of the Nutrition counselling services, I may be asked to provide information concerning my physical habits, medical history, moods, energy levels, likes and dislikes, lifestyle and diet. This information is collected to allow Taylor Angelise Johnston to assess my knowledge of nutrition, educate me about the benefits of sound nutritional practices and recommend dietary changes to improve my general health, vitality and well being. My nutritionist will hold this information in confidence and will not release or disclose this information to any other person, without my prior consent, except as required by applicable law.
4. If my nutritionist suspects the existence of a disease, disorder or condition, I will be informed of this suspicion. However, I acknowledge that this is not a diagnosis or conclusion about the state of my health and that I am directed to promptly consult a licensed physician about these unforeseen problems.
5. Should I the client request for Taylor Angelise Johnston to recommend dietary changes and/ or nutritional supplements to enhance my body's natural ability to resist and/ or overcome a known disease, disorder or condition, it is my responsibility to disclose the nature of the disease, disorder or condition and all other relevant details to my nutritionist. If I have not previously consulted a licensed physician about the disease, disorder or condition, I acknowledge that I am directed to promptly do so. I am not to alter or discontinue treatments prescribed by a licensed physician, or other licensed health professional without consulting the individual who prescribed the treatment.
6. In providing Nutrition Counselling Services to me, Taylor Angelise Johnston is relying upon the truth, accuracy and completeness of all information I have provided to her. Any recommendations I follow for changes in diet, including the use of nutritional supplements are entirely my responsibility.
7. I understand and acknowledge that I am fully responsible for my effort in programs offered by my nutritionist and that my results are a direct reflection of truth and compliance with recommendations given to me. In failing to follow program suggestions truthfully my nutritionist may discharge my file to an alternate medical professional should she feel I am a risk to myself.

8. I understand and acknowledge that Taylor Angelise Johnston is not a registered psychologist or psychotherapist and maintains disordered eating knowledge through life experience and personal research, in addition to a formal education at the Institute of Holistic Nutrition.

9. I acknowledge that all services will be received through a virtual platform and that Taylor Angelise Johnston resides in Canada. I understand that I will be paying for services in Canadian dollars as this is the country I am receiving nutritional guidance from.

10. In consideration of my participation in the Nutrition Counselling Services, I hereby accept all risk to my health, including injury or death that may result from such participation and I hereby release Taylor Angelise Johnston, the Nutritionist, on my behalf and on the behalf of my personal representatives, estate, heirs, next of kin and assigns from any and all costs, claims, causes of action and damages arising from any and all illness or injury to my person, including my death, that may result from or occur as a result of my participation in the Nutrition Counselling Services, whether caused by negligence or otherwise.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A FULL AND FINAL RELEASE OF ALL COSTS, CLAIMS, CAUSES OF ACTION AND DAMAGES OF ANY KIND ARISING FROM OR IN CONNECTION WITH THE NUTRITION COUNSELLING SERVICES.

Client Signature:

Signed on (DATE):

Approved by: Taylor Angelise CNP, PH

Signed on: