



Informed Consent for Nutritional Recommendations

I, _____ request Vanessa Teff and/or Dr. Joseph Teff to provide me with dietary and/or nutritional recommendations as an aid in the management of my overall health. I understand that the counseling and procedures used at Optimum Vitality are to support balanced body chemistry and general well-being.

I am fully aware that the dietary and/or nutritional recommendations, along with the Acoustic CardioGraph, Nerve Express & Endobalance instruments/software, are not used to diagnose existing, or potential diseases of any kind. Any suggested nutritional program is not intended as primary therapy for any disease or symptom, but is an adjunctive schedule of nutrients (food concentrates) provided solely to upgrade the quality of foods in the diet. This will supply good nutrition for supporting the physiological and biochemical processes of the human body. I am also aware that these recommendations are designed only to supplement traditional methods of treatment, and that no guarantee is offered for the outcome of their use in the treatment of symptoms or conditions.

It has been stated, and I agree, I should continue to consult with other physicians concerning traditional methods of care.

Finally, I have read this form and/or had it fully explained to me, and I understand its content and significance. I also agree to receive appointment confirmation calls and/or emails at the number and email provided on the intake form.

Signature (including Parent/Guardian Signature if under 18): _____ **Date:** _____

Optimum Vitality Affirmation

I, Vanessa Teff and/or Dr. Joseph Teff, certify that I have explained the contents of this document to the client and have answered all questions at this point concerning it and the recommendations made. To the best of my knowledge, I feel that the client has been adequately informed and has consented to and understands the scope of the dietary and nutritional recommendations.

Signature: _____ **Date:** _____