

(In Clinic)



BETH FRANCES

NUTRITIONAL HEALTH PRACTITIONER

Terms of Engagement and Consent Form

Name of Client:

Name of Practitioner:

Date of Consultation:

I am a fully qualified Nutritional Therapist, graduating from The College of Naturopathic Medicine. I am covered by DSC Strand Insurance policy number 22571/G31/CS-I/- and a member of BANT and CNHC.

Good nutrition supports the body's natural defences and can be used alongside other therapies and orthodox treatment as a preventative measure for chronic health conditions. However, no claim can be made about the efficacy of any naturopathic nutritional advice. Please see below a list of terms and conditions which must be agreed with before consultations can proceed.

Responsibilities of the nutritional therapist:

- Naturopathic nutritional advice will be tailored to support medically diagnosed conditions and/or health concerns agreed and identified by the two parties.
- Naturopathic nutritional practitioners are not permitted to diagnose or claim to treat medical conditions.
- Naturopathic nutritional therapy is not a substitute for professional medical advice and treatment, it is a complementary treatment which aims to support the client with any health issues that have arisen. It can be engaged with short term or long term depending on suggestions from the nutritional therapist and requirements of the client.

Responsibilities of the client:

- You are responsible for contacting your GP or specialist about any health concerns you may have.
- To advise your GP of the naturopathic nutrition protocol you will be following. Please also advise any other complementary medicine practitioners you are consulting. Your GP can provide a letter for your GP or any other health practitioner at request.
- To inform your nutritional therapist about any medical diagnosis, medications, herbal medicine or food supplements you are taking.
- If you are receiving treatment from your GP or any other medical provider your nutritional therapist should be informed at every step of the treatment process.
- If you are unclear about any part of your plan then you should contact your me immediately for clarification.

Beth Frances Nutritional Health

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- If you have any concerns about the nutritional plan I have created for you, please do contact me within my contactable hours and I will get back to you as soon as I can.
- Your naturopathic nutritional programme and supplement plan will have a time frame and you should not continue with recommendations outside of this unless discussed previously. This is to avoid any adverse reactions and to ensure that you are on the most effective plan for your current health goals. Please do contact your nutritional therapist if you wish to continue your nutritional supplements longer than the originally discussed and planned period.
- Any changes made to your diet, supplement intake and medication are made at your own discretion. Your nutritional therapist can provide insight and support in making positive decisions about your own health however it will be your decision to make these changes, any complications that arise are not the responsibility of your nutritional therapist.
- Cancellations made 72 hours or under, prior to the appointment and missed appointments, will be charged at £40 to cover the cost of preparation time. Refunds are not accepted.
- All payments shall be made prior to or on the day of consultation unless an alternative arrangement has been made and confirmed between client and nutritional therapist

Data Protection

Your Nutritional Therapist has a data protection policy in place to adhere with the General Data Protection Regulation Act 2018. Paper records will be stored for seven years in a locked filing system. Electronic records will be stored in a password secure filing system. All records will be kept strictly confidential and will be accessible only to the Nutritional Therapist. If a client wishes to ask to erase their records, a request can be made in accordance with the GDPR Act 2018.

Please tick here to confirm you have read and understood the Data Protection Policy outlined above:

We/I understand the above and agree that our professional relationship will be based on the above content of this document. I understand that my personal information and information collected throughout the consultation process, will be stored with double locked security. Any files held online will be password protected.

Nutritional Therapist

Client

Print Name:

Signature:

Date:

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