

## CONSENT TO PARTICIPATION IN METABOLIC BALANCE PROGRAMS

Please carefully review this entire consent form. This form contains important information, rules and disclaimers regarding your participation in the Metabolic Balance Program. Please sign with your full name and signature at the end of this form.

Metabolic Balance endeavours to respect the person and his/her autonomy, to communicate informatively, openly and honestly and to be accountable to clients.

Certain medical studies have indicated that people weighing significantly more than their recommended weight could be at increased risk of many illnesses or diseases, including heart attacks, coronary, heart disease, high blood pressure, strokes, elevated cholesterol levels, kidney disease, gallbladder disease, diabetes, neurological disorders, some types of cancer and osteoarthritis.

The Metabolic Balance Program is a natural wellness and weight loss program promoting a balanced metabolism through customized personal nutritional adjustments. All foods recommended are natural. Other than customary multivitamin and mineral supplements, there are no pills, powders, chemicals or medications added to your nutrition. Usually the Metabolic Balance Program has no serious side effects.

However, certain health risks have been associated with weight loss. Any weight-loss program may cause conditions such as constipation, dizziness, diarrhea, dry or cold skin, gout, hair loss, headaches, irregular / stopping of menstruation, muscle cramping, loss of lean body mass, and reduced tolerance to cold. These are just examples; other symptoms and conditions may also occur. **During the Program you are advised to consult with a physician and stay under medical supervision.**

Typical contraindications for not being able to participate in the Metabolic Balance Program are:

- Pregnancy. If you become pregnant during the Program, you must stop the Program and can continue after the pregnancy.
- Any other health condition or disease that may be affected adversely by weight loss.

The Metabolic Balance Program promotes a gentle and natural way to improve, and in some cases possibly restore, your metabolic balance, wellness and health. In the event that you are experiencing any medical problems or adverse changes in an existing medical condition, you must suspend the diet immediately, seek medical attention and notify your personal physician and your Metabolic Balance consultant.

The Metabolic Balance Program cannot guarantee, but has shown, in certain cases, improvements in the following conditions:

- Lowered Blood Pressure
- Lowered Cholesterol Levels

- Lowered Glucose Levels
- Improved Liver functions

If you are on certain medications for the regulation of these or other medical conditions, have your physician monitor your values regularly (a weekly basis is recommended) for any needed adjustments of your medication.

The Metabolic Balance Program is an all-natural *nutritional consulting program*.

The Metabolic Balance Program has not been evaluated by the Canadian Food Inspection Agency, and is not intended to diagnose, treat, cure or prevent any disease. Pregnant women, women who may be pregnant, children under the age of 12, individuals over the age of 65 and people diagnosed with diabetes should consult with a medical doctor before utilizing the Program.

We will not give, and you will not receive, any medical advice from Metabolic Balance or any of its employees or associates.

The required lab work will not be examined for any purpose other than preparing your personal Metabolic Balance Nutritional Plan. Metabolic Balance, its employees and associates are not responsible for medical evaluation of lab values provided by you.

You are advised to have your doctor evaluate your lab work to ensure proper medical evaluation.

The Metabolic Balance Nutritional Plan you will receive, is customized for your personal needs, based on your lab values. You cannot share the plan with another person, as that person will not benefit from your plan and also might experience adverse results.

### **Acknowledgement and Waiver**

- I have read all the foregoing information and that I understand that the ultimate responsibility for my health is my own.
- I will be seeing a \_\_\_\_\_ and not a Medical Doctor [**NOTE TO CLIENT: Insert where Licensee is not a doctor**]
- Any treatment or advice given to me as a client of this clinic is not mutually exclusive from any treatment or advice that I may receive now, or in the future, from another licensed health care provider.
- I am at liberty to seek or continue medical care from a physician or surgeon or other health care provider.
- No employee, agent, or anyone else under this clinic's direction or control is suggesting or recommending to me to refrain from seeking or following the advice of another health care provider.

- The programs rendered or recommended by this clinic may be different than those usually offered by a medical doctor or other licensed health care provider.

**I have read, understood and agreed to all information, rules and disclaimers contained in this document. I have had the opportunity to discuss the above with my health practitioner and all my questions have been answered to my satisfaction. I HEREBY CONSENT TO PARTICIPATE IN THE METABOLIC BALANCE PROGRAM ACCORDINGLY.**

\_\_\_\_\_  
**Please Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

One original of this acknowledgement page must be retained in the client's record. If acknowledgement could not be obtained from the client, the client may not participate in the Metabolic Balance Program.