



***Carin Williams Acupuncture***  
***299 Forest Ave, Suite D. Paramus, NJ 07652 (201)368-9534***

**NUTRITION PERMISSION & AUTHORIZATION FORM**

**PLEASE READ BEFORE SIGNING:**

I specifically authorize the natural health practitioner, Carin Williams, to perform a Nutritional Health Analysis utilizing a Patient Symptom Survey, Nutritional Response Testing and a Heart Rate Variability test to develop a natural, complementary health improvement program for me which may include dietary guidelines, nutritional supplements, etc. in order to assist me in improving my health, **and not for the treatment or "cure" of any disease.**

I understand that all the testing listed above **is a non-invasive, natural method** of analyzing the body's physical and nutritional needs, and that deficiencies or imbalance in these areas could cause or contribute to various health problems.

I understand that all the testing listed above is not a method for "diagnosing" or "treating" of any disease including conditions of cancer, AIDS, infections, or other medical conditions, and that these are not being tested for or treated.

No promise or guarantee has been made regarding the results of Nutrition Testing or any natural health, nutritional or dietary programs recommended, but rather I understand that Nutrition Testing is a means by which the body's natural organ responses can be used as an aid to determining possible nutritional imbalances, so that safe natural programs can be developed for the purpose of bringing about a more optimum state of health.

I have read and understand the foregoing.

This permission form applies to subsequent visits and consultations.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Signed: \_\_\_\_\_

(If minor, signature of parent or guardian required)

Witness: \_\_\_\_\_