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Tracey Martin

Dear Client,

Date: _____

Client Name: _____

This nutritional consultation which includes the Custom Built Nutrition Training manual, follow up appointment is intended for use by the undersigned client exclusively. Exclusivity refers to only the undersigned client and no other person or parties; private or public. Please respect this request through not sharing or photocopying your diet for friends.

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With your signature you are consenting that this consultation and development of your custom diet plan are solely for your individual use and will not to be given, shared, or copied in any manner.

Please initial if the following statements are true to the best of your knowledge.

1. Your blood pressure, heart palpitations are regular and you are not on any cardiovascular or CNS meds. _____
2. You have no gastrointestinal or immune deficiencies or are currently taking any medications of that nature. _____

Print Name

Date

Sign Name
