

# *Energy Healing Systems, inc.*

152 Lincoln Square Mall, Urbana, IL 61801 Phone (217) 531-2711

## PERMISSION & AUTHORIZATION FORM REGARDING THE USE OF NUTRITION RESPONSE TESTING™

### PLEASE READ BEFORE SIGNING:

I specifically authorize the natural health practitioners at Energy Healing Systems, inc. to perform a Nutrition Response Testing health analysis and to develop a natural, complementary health improvement program for me. This program, which may include dietary guidelines and nutritional supplements, will be designed to assist me in improving my health, **and not for the treatment, or 'cure' of any disease.**

I understand that **Nutrition Response Testing is a safe, non-invasive, natural method** of analyzing the body's physical and nutritional needs, and that deficiencies or imbalances in these areas could cause or contribute to various health problems.

I understand that Nutrition Response Testing is not a method for 'diagnosing' or 'treating' any disease, including conditions such as 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 Response Testing or any natural health or nutritional programs recommended. I further understand that Nutrition Response Testing is a means by which the body's natural reflexes 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: \_\_\_\_\_