

Physical Therapy Options

719-229-1796

INFORMED CONSENT FORM & TERMS FOR NUTRITIONAL COUNSELING

I _____ give consent to Dr. Janine Rodriguez, PT, DPT to provide Nutrition Counseling to myself. The nutritional consult will provide information and guidance about health factors within my own control: my diet, nutrition, and lifestyle.

I understand that Dr. Janine Rodriguez, PT, DPT is not a medical physician. Thus, she will not diagnose medical conditions, but will provide nutritional support and nutrition education for an already diagnosed condition. While nutritional support can be an important compliment to my health and disease management, I understand these services are not a substitute for medical care.

Methods of nutrition evaluation or testing made available to me are not intended to diagnose disease. Rather, these assessment tests are intended as a guide to developing an appropriate health-supportive program for me, and to monitor my progress in achieving my goals. Medical records and personal information and history divulged in session to Dr Janine Rodriguez, PT, DPT, will be kept confidential, unless I consent to sharing my medical information. The exception is to share with other medical professionals involved in my care.

I hereby release and discharge, indemnify, and hold harmless Dr. Janine Rodriguez, PT, DPT from all claims, demands, costs and expenses, and causes of action, either in law or equity arising out of or in any way connected to services I receive from Peak Nutrition Clinic. I have read this consent form and terms contained herein carefully. I understand the terms of this form fully and voluntarily agree to be

_____ Client or Legal Guardian's Signature

_____ Printed Name Date

_____ Date