

Garden Gate Counseling
7200 E. Dry Creek Rd, #C-203 Centennial, CO 80112
303-888-9617

Nutritional Consultation
Statement of Understanding

I understand that Christina Veselak has been certified through the American Health Science University as a nutritionist. I understand that she is not a medical doctor, or a nurse and does not by law diagnose or treat any medical condition other than those mental health conditions she is licensed to diagnose and treat as a Marriage and Family therapist, licensed in the state of Colorado.

I further understand that it is my responsibility to discuss with my doctor, if I so wish, any recommendations or health concerns that Ms. Veselak mentions. Ms. Veselak's role is to help me to identify any lifestyle, dietary or nutrient imbalances that may be contributing to my health issues, to suggest beneficial changes and to support and encourage me in those changes.

If Ms. Veselak thinks that certain symptoms may suggest a possible medical illness or disorder, which has not been previously been diagnosed by a doctor, she will tell me, with the understanding that I am to be formally diagnosed by a doctor, and that I will get diagnostic tests as necessary.

I have been informed that the supplements recommended to me fall into the legal category of "Generally Regarded as Safe (GRAS) This means that there should be no negative side effects nor should "my body need time to get used to them". However, I understand that any person may have an idiosyncratic reaction to any substance at any time. I therefore agree to stop any supplement which is causing me discomfort and to call/text Ms. Veselak immediately. I agree to not hold her legally responsible for any negative reaction to a recommended supplement that I have.

Client or Guardian Signature: _____

Client or Guardian Printed Name: _____

Client Address: _____
Street City State Zip

Day Phone: _____ Evening: _____ DOB: _____

Therapist Signature: _____ Date: _____