

I hereby attest to the following:

1. I fully understand that **Donna Taylor/Stewart Hope** is not a medical doctor and I am not here for medical diagnostic or treatment procedures.
2. The services provided by **Donna Taylor/Stewart Hope** are at all times restricted to consultation on the subject of nutritional and health related matters intended for general well-being and do not involve the diagnosing, prognostication, treatment, or prescribing of remedies for treatment of any disease, or any licensed or controlled act which may constitute the practice of medicine in this province.
3. I have been fully informed regarding the services provided by **Donna Taylor/Stewart Hope** and have given informed consent for the services rendered.
4. That I am here, on this and any subsequent visit, solely on my own behalf and not as an agent for any federal, provincial, municipal or professional agency. This agreement is being signed voluntarily.

Print Name: _____ Date: _____

Signed: _____

Relationship (if signing for a child under 16): _____