

# New Client Information: Program, Pricing, Policies, & Expectations

*To be a client of Fuller Options' you must be willing to do what is necessary for your health. If you are not willing to be compliant then this type of program is not for you.*

**1. Fine Tuning:** Once you start on your initial supplement program, we will see you monthly to ensure you are doing well on your protocol. Appointments could be weekly, biweekly, or monthly depending on your compliance and state of health.

**2. Observation:** This part of your program does not normally require monthly visits. Most people find that optimum progress can be obtained by having a regular schedule of check-ups every 6 weeks or so for 4-6 visits. It will fully depend on how well you are doing.

During this time, we will adjust your program as needed to ensure maximum potential gain for you. This may or may not include changes in doses, adding, or deleting supplements

**3. Maintenance Phase:** Once you have achieved a more optimum health level, naturally you will want to stay well. That is most easily accomplished through routine NRT office visits over the next year and beyond. Frequency is determined on an individual basis.

Most maintenance programs require lesser amounts of nutritional supplements with proper diet.

## Payment Options

### **1. Pay As You Go:**

Initial Visit- \$75

Follow Up- \$65

6 Adult Prepayment Plan- \$375

6 Child Prepayment Plan- \$350

# Cancelation Policy

We require a minimum of one business day advanced notice before cancellation or rescheduling. Short notice or no notice may incur an office visit charge. If you have chosen to prepay, one visit will be taken from your plan.

## Fuller Options' Policies

I, \_\_\_\_\_, hereby acknowledge and declare that:  
Print Client Name

- I. To be a client of Fuller Options' I must be willing to do what is necessary for my health within reasonable limits. I understand that if I am not willing to work on my health/diet/lifestyle then this type of program may not be for me.
- II. I understand that it is expected of me to keep my scheduled appointment in order to ensure maximum progress in my case.
- III. I am aware that if I do not give at least one business day advance notice of my cancelation or need to reschedule that it will result in an office visit fee.
- IV. I understand that if I am more than 15 minutes late I will have to either reschedule or wait until the next slot is available.
- V. The supplements used at Fuller Options are to come from a practitioner. I have had clients in the past order the "same" supplement off of amazon. What was in the bottle was not the correct supplement. This is dangerous! Therefore, I will not buy my supplements off of the internet. I will get them from Fuller Options.
- VI. In addition, I confirm that I have received, read and understood the above policies.

Print Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_

(If minor, signature of parent or guardian required)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission & Authorization Form  
For Nutritional/Muscle Response Testing**

**PLEASE READ BEFORE SIGNING:**

- I. I understand that I am here to learn about nutrition and better health practices. I will be offered information about food supplements and herbs as a guide to general good health. This consultation is offered as a personal ministry.
- II. I specifically authorize the natural health professional at Fuller Options to perform a nutritional/muscle response testing health analysis and to develop a natural health improvement program for me which may include dietary guidelines, nutritional supplements, etc. in order to assist me in improving my health.
- III. I fully understand that those who counsel me are not medical doctors, and I am not here for medical diagnostic purposes or treatment procedures. I am not, on this visit, and prior visits, or any subsequent visits, an agent for federal, state, or local agencies or on a mission of entrapment or investigation.
- IV. No promise or guarantee has been made regarding the results of Nutritional/Muscle Response Testing or any natural health, nutritional or dietary programs recommended, but rather I understand that Nutritional/Muscle Response Testing is a means by which the body's natural organ responses can be used as an aid in determining possible nutritional imbalances, so that natural programs can be developed for the purpose of bringing about a more optimum state of health.
- V. The services performed here are at all times restricted to consultation on nutritional matters intended for the maintenance of the best possible state of natural health, and do not involve the diagnosing, treatment or prescribing of remedies for disease.

*I have read and understand the forgoing. This permission form  
applies to subsequent visits and consultations.*

Print First and Last Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

ST/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

(If minor, signature of parent or guardian required)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_