

**Permission & Authorization Form  
Regarding the use of 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 understand that muscle response testing is energetic testing that may support a higher dose of nutritional supplementation than manufacturer recommendations. I understand that I can adhere to product label recommendations at my discretion.
- IV. **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 or any subsequent visit, an agent for federal, state, or local agencies or on a mission of entrapment or investigation.
- V. No promise or guarantee has been made regarding the results of Nutritional/Muscle Response Testing or any natural health, nutritional or dietary programs recommended. 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.
- VI. 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 Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

(If minor, signature of parent or guardian required)

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