

INFORMED CONSENT FORM

Before choosing to use the services of a Licensed Health Coach and Certified Functional Nutritional Therapy Practitioner please read the following information fully and carefully.

I understand **Sharon L. Brennan, LSHC, FNTPT** is a Licensed Health Coach, Certified Functional Nutritional Therapy Practitioner and Bioresonance Practitioner helping me seek nutritional and biofield balance.

Support: Sharon agrees to provide me with functional nutritional therapy and/or biofield energy balancing to help balance any imbalances I may have via nutritional therapy, tailored supplement protocol and/or biofield energy balancing. Her services include email and telephone support as needed effective the date of this agreement.

LICENSURE AND CERTIFICATION

I understand that Sharon Brennan as a Licensed Health Coach and is licensed by the FSHLB (Federation of Spiritual Healing Licensing Board) has been professionally trained in coaching skills and is by law allowed to coach clients. I also understand that as a Functional Nutritional Therapy Practitioner Sharon has been trained by the Nutritional Therapy Association and can utilize diagnostic tools under the license of a Medical Doctor, Chiropractic Doctor, licensed Practitioner or licensed healthcare provider. A license to practice Nutritional Therapy is not required in some states, laws and regulations regarding certification and licensure requirements differ from state to state.

GOAL

I understand that Sharon Brennan's basic goal is to encourage people to become knowledgeable about and responsible for their own health, bringing it to a personal optimum level. As a Licensed Health Coach and Functional Nutritional Therapy Practitioner she is licensed, certified and trained to coach and educate me so that I can make my own choices about my health. Reaching my goal of optimum wellness, absent of other non-nutritional complicating factors, requires a sincere commitment from me and may require possible lifestyle changes, and a positive attitude.

I understand that a Licensed Health Coach, and Certified Functional Nutritional Therapy Practitioners are trained and qualified to evaluate my nutritional needs as well as to make recommendations of dietary changes and may educate me regarding nutritional supplements. A Functional Nutritional Therapy Practitioner is not trained to provide medical diagnoses, and I understand that I cannot expect specific results due to bio-individuality.

HEALTH CONCERNS

I understand that if I suffer from any medical condition or pathological condition, I need to consult with a Medical Doctor or an appropriate healthcare provider. A Licensed Health Coach, and Functional Nutritional Therapy Practitioner is no substitute for my family physician or other

appropriate healthcare provider. I understand that Sharon Brennan will not intentionally mislead me into thinking she is licensed as anything other than a licensed Health Coach, and Functional Nutritional Therapy Practitioner. I also understand she will not intentionally suggest any diagnosis, treatment, prescription or cure for any physical, mental, emotional, or any type of disease or disorder or condition that I may have.

I understand that if I am under the care of another healthcare provider(s), it is important that I contact my healthcare provider(s) and alert them to my use of nutritional supplements should I decide to use them. Nutritional changes may be a beneficial adjunct to more traditional care, and it may also alter my need for medication, so it is important I always keep my physician informed of changes in my nutrition.

If I am using medications of any kind, I will alert Sharon Brennan to such use to discuss any potential interactions between medications and nutritional products and will also discuss this with my physician and/or pharmacist.

I understand that if I have any physical or emotional reaction to any protocol, I will discontinue immediately, and contact Sharon Brennan to ascertain if the reaction is adverse or an indication of the natural course of the body's adjustment to the spiritual, nutritional therapy.

COMMUNICATION

I understand that every client is an individual, and it is not possible to determine in advance how my system will respond to any supplements I decide to take or dietary changes. I understand that it is sometimes necessary to adjust my protocol as I proceed in order for my body to achieve balance. It is my responsibility to do my part by using my nutrition guidelines and exercise my body and mind sufficiently to bring my emotions into a positive balance, eat a proper diet, get plenty of rest, and learn about nutrition. I understand that I must stay in contact with Sharon Brennan and my medical doctor.

I understand that it is my responsibility to request other healthcare provider(s), if any, contact Sharon Brennan regarding questions related to my health coaching and nutritional therapy.

NAME (PLEASE PRINT) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (HOME) _____ (WORK) _____ (OTHER) _____

SIGNATURE _____ DATE _____