

# Julie Scott Nutrition

*Energize Your Life!*

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## **Nutrition Consultation Disclaimer**

I, \_\_\_\_\_, understand that by participating in a nutritional consultation with Julie C. Scott, I am choosing to learn about ways in which I can use nutrition for the purpose of developing a healthy lifestyle. I understand that it is my decision to follow or not to follow any nutritional programs based on information that I receive from Julie C. Scott. I understand that Julie C. Scott is a Certified Nutrition Consultant and that these services are not licensed by the State of California.

I thoroughly understand that this consultation does not replace or substitute for the advice of my personal physician or other qualified health care professional. I understand that it is my responsibility to seek the advice of a physician or other qualified health care professional with any questions I have regarding medical symptoms or a medical condition. I acknowledge that Julie C. Scott has advised me not to disregard professional medical advice or delay seeking it because of something I learn in this consultation. Nutritional counseling provided by Julie C. Scott is not intended to be in any conflict with any other recommendations or treatment by other doctors or practitioners who are licensed by State and Federal laws. In addition, the decision to follow or reject the information provided by Julie C. Scott is left to my own discretion. I am aware that Julie C. Scott is not a licensed Doctor of Medicine.

I fully and completely understand that Julie Scott does not treat nor make any recommendations for treatment of any disease such as cancer, or any other disease, in any form or in any manner whatsoever, and I wish to assure you that I am in no way asking for such treatment.

I clearly understand that the nutritional advice I receive from Julie C. Scott is not meant to take the place of any other form of analysis, counseling, or diagnosis by my regular physician or any other licensed medical practitioner. In addition, I understand it is my responsibility to check with my doctor to be sure that any supplements recommended by Julie C. Scott are not contraindicated for my condition or conflicting with medication that my doctor has prescribed for me.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** (please indicate home/cell/work) \_\_\_\_\_

**Email:** \_\_\_\_\_