

NUTRITIONAL CLIENT STATEMENT

I hereby attest to the following:

I fully understand that Paula Rochelle is not a medical doctor or practitioner and does not diagnose or treat disease, and that I am not here for medical, diagnostic, or treatment purposes.

The services performed by Paula Rochelle, whether in person, by mail, or by phone, are at all times restricted to consultation of the subject of nutritional matters intended for the maintenance of the best possible state of nutritional health and do not involve the diagnosing, treatment or prescribing of remedies for the treatment of disease.

I understand that it is my constitutional right to decide how I wish to care for the health of my body. Paula Rochelle has not suggested that I cease current medical care I am receiving, be it drug therapy, x-ray treatments, chemotherapy, surgery, or any other medical procedures that my medical doctor deems necessary to my health. If I choose to not follow recommendations made by my medical doctor, I understand that such a decision is my responsibility and will not hold Paula Rochelle responsible for any consequences of such a decision.

I am here, on this and any subsequent visit, solely on my own behalf and not as an agent for federal, state or local agencies on a mission of entrapment or investigation.

DATE: _____

Signed: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ (Cell) _____