



**Jill Maronde**  
NUTRITION

## Client Information & Consent Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last, First)

Date of Birth: \_\_\_\_\_ Gender: Male / Female  
(Month/Day/Year)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_

May I leave a confidential messages for you at the above numbers? Yes / No

Email Address: \_\_\_\_\_

May I contact you via email? Yes / No      May I contact you via text? Yes / No

Do you desire nutrition guidance for your family?: Yes / No

If so, please provide names/ages of children: \_\_\_\_\_

\_\_\_\_\_

Most pressing concern(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Physician's Phone: (\_\_\_\_) \_\_\_\_\_

Referred by: \_\_\_\_\_

CONFIDENTIALITY:

Nutrition consulting and education is a confidential process designed to help you address your health concerns, come to a greater understanding of yourself and the relationship that diet and lifestyle practices can have on your health, and learn effective dietary, lifestyle, supplemental and stress management strategies. It involves a relationship between you and your nutritionist, who has the desire to help you accomplish your individual goals.

All information gathered from you, including your name, contact information and medical history are secured and confidential. Any views expressed by you will be held with the utmost confidentiality. Information will only be released with your consent, unless the information may potentially be injurious to a third party.

CONSENT:

I, the client, have read and understand the information about the holistic health services offered by Jill Maronde, M.S. I have discussed with Jill the nature of the services to be provided.

I understand the following:

- Jill is not a licensed physician and as such cannot diagnose, treat or prescribe medications.
- The information provided on the relationship between nutrition and health is NOT meant to replace competent medical care or treatment for any health problem or condition.
- It is my responsibility to maintain a relationship for myself/child(ren) with a medical doctor or licensed health care practitioner.
- The nature of the nutrition assessment and evaluation are to support my wellness through food, herbs, nutritional supplements, education, exercise programs and lifestyle changes.

I certify that I am here solely on my own behalf. I, the client, give consent to the nutrition assessment and evaluation offered by Jill Maronde, M.S.

Signature \_\_\_\_\_  
(client, parent or guardian)

Date \_\_\_\_\_