

**CORRECTIVE CHIROPRACTIC**  
**NUTRITIONAL INFORMED CONSENT**

According to the Federal, Drug, and Cosmetic Act, as amended, Section 201 (g),  
the term 'drug' is defined as:

*"Articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease."*

A vitamin is not a drug, neither is a mineral, trace element, amino acid, herb, or homeopathic remedy.

Although, a vitamin, mineral, trace element, amino acid, herb, or homeopathic remedy may have an effect on any disease, disease process, or symptoms, this does not mean that it can be misrepresented, or be classified as a drug by anyone.

Nutritional counseling, vitamin recommendations, nutritional advice, and the adjunctive schedule of nutrition is provided solely to upgrade the quality of foods in the patient's diet in order to supply good nutrition to support the physiological and biomechanical processes of the human body. Therefore, please be advised that any suggested nutritional advice or dietary advice is not intended as any primary treatment and/or therapy for any disease or particular bodily symptom.

**NOTICE OF UNDERSTANDING AND AGREEMENT**

I hereby, attest to the following:

1. I fully understand that the Nutritional Advisor I am seeing in this office is not a physician, and I am not consulting for medical diagnosis or treatment procedures.
2. The services performed by the nutrition consultant are at all times restricted to helping gain a better understanding of my degree of "health" (not disease), so I will have a greater self-awareness and be able to use a self-care program for daily living.
3. I understand that as a nutritional client, the recommendations, discussion, sale of food, nutritional supplements, vitamins or minerals, food grade herbs, or other nutrients as foods for special dietary use only pertains to the whole body concept of nutrition and does not relate in the context of an specific ailment or condition.
4. The appointments do not involve the diagnosing, prognosticating, treating, or prescribing of medicines or the treatment of disease, or any act which will constitute the practice of medicine in this state, for which a license is required.

*I have read and understand the above conditions:*

Print Name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_