

Request for Services / Disclosure and Disclaimer Statement

Please sign to indicate your understanding of the nature of these services.

I, _____ (print your name or child's name) have requested Sheila Dobson, NC to assist me toward better health and *development* by conducting a hair mineral analysis test through a certified laboratory. I have asked her to provide specific guidance regarding diet, lifestyle, nutritional supplements and other approaches to help improve and balance body chemistry.

I understand that Sheila's qualifications are completion of a certification program in Nutritional Balancing, provided by Westbrook University in West Virginia, as well other education and experience, including 6 years' experience as a nutrition consultant.

I understand that a hair mineral analysis test is a screening test and that it is not used for diagnostic purposes. I understand that the test, the analysis of it, and the recommendations provided to me are *in no way intended as diagnosis, treatment, prescription or cure for any disease or condition, mental, physical or otherwise*. I acknowledge that *Nutritional Balancing is not a replacement for other forms of care that may be needed*.

Signed _____ Date _____