



Client Agreement and Release Form

I, _____ (client), understand that Sheila Gannon, MNT(practitioner) has successfully completed the Certified Master Nutrition Therapy Practitioner Program at Nutrition Therapy Institute, and has achieved a Certification as MNT. My reason for meeting with Sheila Gannon is to receive nutritional counseling. I understand that Sheila Gannon is not qualified to diagnose, treat or prescribe any medication for any specific illness, nor is the nutritional counseling meant to take the place of medical care. Any suggested changes to my diet, supplements or lifestyle, are intended to support my overall health. I understand that it is my responsibility to notify all of my attending medical doctors of any foods, herbs or supplements I choose to take as recommended by Sheila Gannon, MNT (practitioner). I understand that by signing this form, I will pay for the agreed upon services that will be provided.

Client signature _____ Date _____

Practitioner signature _____ Date _____