

## **Informed Consent for Nutritional Consultation**

I understand that the dietitians for *It's All About Kids* provide nutritional and other health-related information intended to help me attain and maintain my best health. All recommendations are designed to help me move towards my best state of health through personalized interventions in lifestyle, exercise, health habits and advanced nutrition.

I understand that the nutritional consultation is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any medical condition I may have. All health information shared by the client is confidential.

### **Cancellations:**

In the event of a consultation cancellation, you must notify our office by one business day before the scheduled appointment.

I have read this informed consent and understand it. I am not a minor (under the age of 18).

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

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