

## Client Acknowledgement Form

I hereby attest to the following:

- 1) I am here, on this and any subsequent visit, solely on my own behalf.
- 2) I fully understand that BIE practitioners, Nutritionists, Herbalists, Acupuncturist, Homeopaths, and Naturopathic doctors are **not** medical doctors and I am not here for medical diagnostic or treatment procedures. I understand that results and any benefits of the services may vary.
- 3) The services performed by Linda L. Brown, ND on behalf on The Institute of Natural Health Technologies Inc., are at all times restricted to consultation on the subject of nutritional matters or the BIE modality, and does not involve the use of medical tests such as, scratch tests, needles, blood or urine tests to verify the client's medical condition, disease, sensitivities or intolerances to foods or environmental substances. All testing is done for experimental or educational purposes only. The GSR-120 unit is not intended to be used to diagnose, cure, prognosticate, treat or prescribe remedies for the treatment of disease or any act which will constitute the practice of medicine in this country in which a medical license is required.
- 4) All suggestions regarding herbs or nutritional matters are based on historical and traditional use.
- 5) The BIE modality and the GSR-120 do not and are not intended to or claim to diagnose, treat, or cure anaphylactic life threatening or non-life threatening allergies, medical condition or disease. The client should not for any reason, ingest or expose himself/herself to any substance that he/she has previously been diagnosed as allergic or anaphylactic by a qualified physician/allergist, or is aware of any severe allergy to a substance unless he/she has first been given consent by a qualified physician/allergist.
- 6) Program compliance is required.
- 7) The GSR-120 unit is used to direct energy directly onto various acupuncture points on the body to help create homeostasis.
- 8) The decision to follow any recommendations made rests solely with the undersigned.

PLEASE PRINT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone day: \_\_\_\_\_

Phone evening: \_\_\_\_\_ Email: \_\_\_\_\_

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