



healthy alternatives

Eat. Move. Improve.

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STATEMENT OF INTENT

I, Laura Lehrer, am a Nutritional Consultant and Educator, having completed 40 hours of First Line Therapy® training with Metagenics, Inc. and received Certification as a Lifestyle Educator. I have studied nutrition and health since 1996, and have been working professionally since 2012.

I am a nutrition educator and wellness coach, NOT A PHYSICIAN. That means I do not diagnose or treat disease. What I do is assist my clients in their desire to support the innate healing response of their body by suggesting an individualized selection of food, herbs, nutrition supplements, relaxation, visualization and exercise programs. A Nutritional Assessment and Evaluation consists of: health and dietary history, appropriate questionnaires, bioelectrical impedance analysis, and nutritional testing.

Zhi Healthy Alternatives is owned and operated separately from Motion Basics Physical Therapy. Motion Basics assumes no responsibility or liability for any of the activities of Zhi Healthy Alternatives, including education, advice, services, products or activities recommended by Zhi or its representatives.

CLIENT INFORMED CONSENT

I, _____, the Client, understand that information provided on the relationship between nutrition and health is NOT meant to replace competent medical care or treatment for any health problem or condition. I understand that a Nutritional Assessment and Evaluation is not done to define health as it relates to disease, but as it relates to wellness.

I, _____, the Client, choose to improve my health by assuming greater self responsibility to reduce or eliminate unhealthy behaviors that are contrary to my well-being. The Surgeon General (1990) estimated that 7 out of the 10 leading causes of death in America are related to lifestyle habits; diet, smoking, lack of exercise, and substance abuse. They are the focal points of our work together.

I currently am ___ am not ___ under the care of a physician for a health problem or medical condition.

If so, for what problem(s) or condition(s)? _____

Laura Lehrer has my, (the Client's) permission to contact my physician about the work we are doing and to obtain client/patient records as appropriate.

My physician's name and telephone number are: _____

I, the Client, certify that I am here solely on my own behalf. I am not representing any other person, company, association, and/or on the behalf of any government agency.

Client Signature Date