



THE LITTLE  
FLOWER  
WELLNESS & NUTRITION

**INFORMED CONSENT FORM & TERMS FOR NUTRITION COUNSELING**

I, \_\_\_\_\_ (*PLEASE PRINT NAME*), give consent to The Little Flower Wellness & Nutrition, LLC of Colorado to provide Nutrition Counseling to myself or the client for which I am legally responsible. The consult will provide information and guidance about health factors within my own control: my diet, nutrition, and lifestyle. I acknowledge the purpose of nutritional counseling is to support wellness, a healthy attitude, lifestyle, and diet and that results are not guaranteed. I understand that Laura Torres, MSACN is practicing nutrition counseling at the Little Flower Wellness & Nutrition, LLC under her Master of Science in Applied Clinical Nutrition degree. She will enhance my knowledge of health through food, dietary supplements, and eating behaviors.

While nutritional support can be an important compliment to my health and disease management, I understand these services are not a substitute for medical care. Additionally, I understand that any information provided is a recommendation for improving health and not a prescription. Nutritional counseling is an important compliment to health and disease management, but is not a substitute for medical diagnosis, treatment, or the care of a medical physician. Additionally, I promise to provide a complete and accurate account of any medical conditions that I may have and any medications that I am taking.

Methods of nutrition evaluation or testing made available to me are not intended to diagnose disease. Rather, these assessment tests are intended as a guide to developing an appropriate health-supportive program for me, and to monitor my progress in achieving my goals. Medical records and personal information and history divulged in session to The Little Flower Wellness & Nutrition, LLC of Colorado will be kept confidential unless I consent to sharing my medical information.

I hereby release and discharge, indemnify, and hold harmless The Little Flower Wellness & Nutrition, LLC, their officers, agents, employees, and persons acting on their behalf, from all claims, demands, costs and expenses, and causes of action, either in law or equity arising out of or in any way connected to services I receive from The Little Flower Wellness & Nutrition, LLC of Colorado. I have read this consent form and terms contained herein carefully. I understand the terms of this form fully and voluntarily agree to be bound by them.

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PATIENT SIGNATURE

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DATE



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NUTRITION COUNSELING FINANCIAL POLICY

Thank you for choosing The Little Flower Wellness & Nutrition, LLC of Colorado as a part of your health care team. The following is a statement of our Nutrition Counseling Financial Policy, which we require you to read and sign prior to treatment.

By initialing and signing this form in the designated spots below, I acknowledge and accept the following:

Please  
Initial

\_\_\_\_\_ I understand that I have the option of paying per visit or purchasing a package program. If paying per visit, the initial consult/evaluation is \$200.00 and all subsequent follow-up appointments are between \$50.00-\$100.00 per visit. I understand that all services are to be paid in full at the time of my visit. If committing to one of our package programs the total amount is due at my first visit.

\_\_\_\_\_ I understand that The Little Flower Wellness & Nutrition, LLC of Colorado does not accept assignment of insurance benefits for services. If needed, I can request a statement printout to submit to my insurance or HSA company. I recognize that treatment codes used for billing are non-traditional and may not be accepted by my insurance or HSA company, despite having nutrition-based benefits as part of my policy.

\_\_\_\_\_ I understand that it is my responsibility to purchase any recommended supplements through the Fullscript website or at a resource of my choosing after my evaluation or follow-up visits. I acknowledge that if I choose not to use Fullscript the quality of my supplements cannot be guaranteed. Fullscript requires an account to be set up and a password before ordering the recommended supplements. I understand that The Little Flower Wellness and Nutrition, LLC of Colorado does not keep supplements in stock and does not make any individualized orders to the office.

\_\_\_\_\_ I understand that I am required to give The Little Flower wellness and Nutrition, LLC of Colorado 24 hours notice if I need to cancel or reschedule my appointment. If I cancel within 24 hours or NO SHOW for my scheduled appointment time, I accept that I may be charged the full fee of the missed visit.

\_\_\_\_\_ I understand that my payments, whether towards individual sessions or a package program, are non-refundable.

\_\_\_\_\_  
PATIENT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PATIENT SIGNATURE