

# Benjamin Chiropractic & Functional Nutrition Center, P.C.

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## Advanced Metabolic Typing Informed Consent

Dear Benjamin Chiropractic & Functional Nutrition Center, P.C. client,  
Please read this form carefully. Sign and date it below to signify your acceptance of its content.  
It is necessary to complete this form before your evaluation can be processed. Thank you.

The Healthexcel Metabolic Typing™ concepts and any accompanying individualized ecological lifestyle recommendations that may be made are based on our own theories drawn from the ideas of past researchers in the field and our empirical and objective observations made from working with thousands of individuals over the past 30 years. These theories have not been scientifically proven. Thus, the accuracy of our theories or the validity of our recommendations, nutritional or otherwise, have not been scientifically confirmed. Certain persons considered experts may disagree with one or more of our concepts or recommendations. We are not nutritionists or licensed dietitians, but rather consider ourselves to be Metabolic Typing™ Advisors.

Our purposes are educational and informational only and we assume no responsibility for the correct or incorrect use of our information. Any information we provide and any recommendations we make should not be used to, nor are they intended to, nor do they in fact diagnose, treat, cure or mitigate any specific health problem. Anyone with any health complaint should seek the care and consultation of an appropriate licensed health practitioner.

No attempt should be made to use any information we provide as a form of treatment for any specific condition without the approval and guidance of a physician.

I, the undersigned, do hereby state that I have read the above statement and understand that the purpose of the Healthexcel Programs is solely to provide information concerning my individual ecological lifestyle.

I further understand that any recommendations made are in no way intended to, nor do they in fact diagnose, cure, treat, mitigate or prevent any specific illness or disease.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ NAME \_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

If you are a minor, your parent or guardian must sign below:

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ NAME \_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature