



**SUSTAINABLE HEALTH**  
**C E N T E R**

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**PERMISSION & AUTHORIZATION FORM  
REGARDING THE USE OF NUTRITIONAL STRESS ANALYSIS**

**Please read before signing:**

I specifically authorize Cari Schaefer M.A. TCM, L.Ac., and/or Heidi Hoffman, MPH, RD to perform a Nutrition Stress Analysis and to develop a natural, complementary health improvement program for me. This program may include dietary guidelines, nutritional supplements, and lifestyle recommendations etc. in order to assist me in improving my health, and are not for the treatment, or "cure" of any disease or to be used as Medical Nutrition Therapy (MNT).

I understand that Nutrition Stress Analysis is a safe, non-invasive, natural method of analyzing the body's physical and nutritional needs, and that deficiencies or imbalance in these areas could cause or contribute to various health problems.

I understand that Nutrition Stress Analysis is not a method for "diagnosing" or "treating" any disease including conditions of cancer, AIDS, Infections, or other medical conditions, and that these are not being tested for or treated.

No promise or guarantee has been made regarding the results of Nutrition Stress Analysis or any natural health, nutritional or dietary programs recommended, but rather I understand that Nutrition Stress Analysis is a means by which the body's natural reflexes can be used as an aid to determine possible nutritional imbalances, so that safe natural programs can be developed for the purpose of bringing about a more optimum state of health.

**I understand that 48 business hours notice is required for all appointment changes and cancellations. If less than 48 hours notice is given you may be charged a cancellation fee. \_\_\_\_\_ (initials)**

**I have read and understand the foregoing.**

This permission form applies to subsequent visits and consultations.

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

Print name: \_\_\_\_\_

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

Witness: \_\_\_\_\_

(If minor, signature of parent or guardian required)