

**DR. PHILLIP DIETRICH
CLINICAL NUTRITIONIST**

NOTICE OF UNDERSTANDING AND AGREEMENT:

I hereby, attest to the following:

1. I fully understand that the Nutrition Consultant I am seeing in this office is a physician, and I am not consulting for medical, diagnostic, or treatment procedures.
2. The services performed by the Nutrition Consultant are at all times restricted to helping me gain a better understanding of my degree of "health" (not disease, so I will have a greater self-awareness and be able to use a self-care program for daily living.
3. I understand that as a Nutrition Consultant the recommendations, discussion, sale of food, nutrition, nutritional supplements, vitamins or minerals, food grade herbs, or other nutrients as foods for special dietary use only pertains to the whole body concept of nutrition, and does not relate in the context of any specific ailment or condition.
4. The appointments do not involve the diagnosing, prognosticating, treating or prescribing of medicines or the treatment of disease, or any act which will constitute the practice of medicine in this state, for which a license is required.

Signed_____ Date_____

Print Name_____

Referred By_____

TOTAL HEALTH CLINIC

931 San Bruno Ave West Suite 1
San Bruno, Ca 94066

650 291-0709