



# CLIENT AGREEMENT FEES AND CONDITIONS

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

### FEES:

- Individual Nutrition Consultation sessions are \$60/hour.
- All consultation fees are paid in full prior to the consultation.

### INITIAL MONTH - \$250\*

#### FIRST SESSION - 1 HOUR

Review health history and diet logs; Set specific health goals; Discuss balanced eating, nutrition basics, and healthy food choices; Discuss meal ideas; Supplementation and labs may be recommended

#### WEEKLY CHECK-IN - 30 MINUTES

Weekly check-ins to help client with accountability; Review diet logs; Motivational review of goals and further goal setting; Nutrition education; Specific recipes and meal ideas as needed.

### EACH ADDITIONAL MONTH - \$150

#### WEEKLY CHECK-IN - 30 MINUTES

Review results of any supplementation being used. Weekly check-ins to help client with accountability; Review diet logs; Motivational review of goals and further goal setting; Nutrition education; Specific recipes and meal ideas as needed.

### FAMILY RATE - INITIAL MONTH \$350, ADDITIONAL MONTHS \$225

Package Purchased: \_\_\_\_\_

Package Start: \_\_\_\_\_ End: \_\_\_\_\_

Nutritional Intake Date: \_\_\_\_\_

FEES: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

### CONDITIONS:

1. 24 hours notice required for rescheduled appointments. X \_\_\_\_\_
2. For package discount to apply, appointments and reschedules must be scheduled within package time frame. X \_\_\_\_\_
3. Appointments missed/canceled without 24 hours notice will not be refunded. X \_\_\_\_\_

### SCHEDULING

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

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

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

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

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

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

(\*price does not include supplements and labs)