



## **Stephanie Tuss, M.S.**

Nutrition Consultant and Educator

foods4wellness@yahoo.com

www.foods4wellness.com

**(608) 754-7009**

To: \_\_\_\_\_

Welcome to my nutrition consulting practice. As you know, I am a practitioner of nutrition. I am not a licensed physician, nor are nutrition services licensed by the state. The idea behind nutrition is that when properly grown and prepared, foods and the nutrients they include can be supportive of health, enhancing quality of life and well-being.

As a practitioner of nutrition, I will provide you with the following kinds of services:

- *Diet and nutrition evaluation*
- *Personalized nutrition and dietary plan appropriate to your unique lifestyle and needs*
- *Education on your particular health concerns including weight loss*
- *Personalized grocery lists, cooking classes, or grocery store field trips*
- *Health support complementary to that provided by licensed professionals*

In order to use my services, Wisconsin state law requires that you acknowledge receipt of the information provided in this form and that you sign it. You will receive a copy. I will keep the original in my records for at least three years.

My services in nutrition are alternative or complementary to healing. If you ever have any concerns about the nature of my services or our work together, please contact me right away. I recommend that you inform your medical doctor that you are receiving nutrition services.

**Acknowledgement and Consent to Receive Services:**

I have read and understand the above disclosure about the nutrition services offered by **Stephanie Tuss, MS**. I have discussed with Stephanie Tuss, MS the nature of the services to be provided. I understand that Stephanie Tuss, MS is not a licensed physician and that nutrition services are not licensed by the state. I understand it is my responsibility to maintain a relationship for myself/my child with a medical doctor or licensed health provider. I have consented to use the services offered by Stephanie Tuss, MS, and agree to be personally responsible for the fees of Stephanie Tuss, MS, in connection with the services provided to me. I am here as an individual on my own behalf.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*(client/parent/conservator/guardian)*

*Feel better...  
Live better*