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Holistic Nutrition Intake and Consent Form

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

E-mail: _____ Date of birth (MM/DD/YY) _____

Primary Contact Number _____ (home cell work) Sex: _____

Emergency Contact:

Name: _____ Relation: _____ Phone: _____

How did you learn about Mahaya? Mahaya Website Booking Google Facebook Yelp
 Open Care Friend of Mahaya Other _____

Are you seeing a naturopathic doctor at Mahaya? If so, who? _____
If so, do you give us permission to collaborate and discuss your case? Yes No

Are you interested in receiving information about one of our *other health practitioners*?

If so, which ones?

Naturopathy Private yoga sessions
Osteopathy Massage therapy

Would you like to receive Mahaya's e-mail newsletter? Yes No

Consent:

I consent to holistic nutrition and lifestyle counselling by Sarah Brodie. I acknowledge that Sarah Brodie is a Certified Nutrition Practitioner (CNP) and Registered Nutritional Consulting Practitioner (RNCP).

I understand that services provided by Sarah Brodie are at all times restricted to consultations on the subject of health matters intended for general wellbeing and are not meant for the purposes of medical diagnosis, treatment or prescribing medication for any disease or condition. Nutrition and lifestyle counselling does not substitute or replace medical care from a qualified medical professional.

As a client of Sarah Brodie's I hereby acknowledge that I will provide all of the information necessary for her to fully understand my medical history, present symptoms and health goals in our sessions together. I understand Mahaya Health Services will keep a record of my personal health information and of the services provided to me. This record will be kept confidential and will not be released to others unless so directed by myself or unless required by law.

Sarah Brodie will answer questions and provide a plan of action to the best of her ability. I understand that results are not guaranteed.

Signature: _____ Date: _____