

**Michael Pellegrino, MS – Clinical Nutritionist & Herbalist**

**Natural Holistic Solutions**

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## **Client (Student) Statement and Acknowledgment**

1. I am aware of the important role of proper nutrition in maintaining and enhancing my health.
2. I understand that Michael Pellegrino is a Clinical Nutritionist and will provide nutritional education to assist me in making my own decisions regarding nutrition and its interface with my health. I understand that Michael Pellegrino teaches his students how to build and maintain their own health through training in the effective use of life-style modification, nutraceuticals, herbs, pollution avoidance, clean air, pure water, proper foods and concentrated foods, rest, exercise, meditation, goal orientation, positive mental attitudes, stress reduction techniques, and adjustments of factors affecting over-all health.
3. I am aware that Michael Pellegrino is NOT a licensed medical doctor and that he does not offer diagnosis, treatment or cure for any disease. He is NOT a replacement for a licensed medical physician. I will continue to see my licensed medical physician(s) and notify him/her/them of my consultation relationship with Michael Pellegrino, as well as if I experience any problems of a medical nature during or following my work with Mr. Pellegrino. For emergencies, call 911 or your medical physician(s).
4. I realize that any evaluations or suggestions including microscopy evaluations and dietary practices are not medical in nature and are not used for diagnosis or treatment of any health condition or disease. I know that such evaluations or information provided to me by Michael Pellegrino may not have been evaluated or approved by any branch of the medical profession or approved by the Food and Drug Administration or any other federal, state, or local government agency.
5. I understand that the review of any medical tests I bring with me is for educational and monitoring purposes only and NOT for the purpose of diagnosing or treating any disease or health condition.
6. Recommendations, suggestions, and reference to meals, menus, or nutritional supplements are for nourishing (yin), cleansing (yang), and balancing all 24 major organ systems within the five body systems for promoting regeneration and maintenance of optimal health well-being, and do NOT involve nor imply any diagnosing, prognostication or prescribing for the treatment of any disease or health condition.
7. I am here as a student, on this or any subsequent visit, solely on my own behalf and not as an agent for federal, state, or local agencies on a mission of entrapment or for any investigative purposes.
8. I understand that Michael Pellegrino is dedicated to educating his students to help themselves to better health with emphasis on education and self-care. The body-mind-spirit philosophy of wholistic health and regeneration is not accepted nor recognized by conventional health authorities, and these agencies may not agree with wholistic approaches where students must shoulder responsibilities for their own health. Educating students in wholistic health may be considered an inexact science or even an art with many variables. Results from life-style changes are neither constant nor predictable.
9. I have notified Michael Pellegrino of any and all medications and/or supplements that I take and/or existing physical and/or medical limitations or conditions.
10. I hereby waive and hold Michael Pellegrino harmless from any and all claims arising from this agreement and/or participation in his nutritional program(s).
11. I have been referred to Michael Pellegrino by \_\_\_\_\_.
12. I have read the above and in signing this statement, I acknowledge my full understanding and the scope and limits of Michael Pellegrino's services.

Legal Guardian: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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