

TERMS OF ENGAGEMENT



Nutritional Therapy is the application of nutrition science in the promotion of health, peak performance and individual care. Nutritional therapy practitioners use a wide range of tools to assess and identify potential nutritional imbalances and understand how these may contribute to an individual's health. Nutritional therapy is recognised as a complementary medicine and is relevant for individuals looking to enhance their health and those with chronic health conditions.

The degree of benefit obtainable from Nutritional Therapy may vary between clients with similar health problems and following a similar Nutritional Therapy programme.

The nutritional therapist (NT) agrees to:

- Adhere to the *British Association of Applied Nutrition and Nutritional Therapy (BANT)* Code of Professional Practice that governs standards in nutritional therapy
- Provide tailored nutrition advice to support the health of the client
- Provide advice strictly within the bounds of nutritional therapy unless otherwise agreed
- Liaise with medical professionals when appropriate, but only with your express permission
- Avoid diagnosing or claiming to treat medical conditions, or suggesting nutritional therapy as an alternative to prescribed medications or as a replacement to medical advice
- Refer any serious undiagnosed symptoms for professional medical diagnosis
- Ensure that information shared during this process is kept strictly confidential

The client agrees to:

- Tell my NT about any medical diagnosis, medication, herbal medicine, or food supplements I am taking
- Contact my NT about any aspect of the nutritional programme I do not understand
- Contact my NT if I would like to continue the programme longer than the agreed time period in case of possible adverse reactions
- Report any concerns about nutritional therapy promptly to either my NT or the *British Association of Nutrition and Nutritional Therapy (BANT)*
- Tell my GP about any undiagnosed health concerns.
- Inform my GP or other medical provider about my nutritional programme

Permission for NT to contact client's GP:

(please put an "X" in the appropriate box)

I give permission for my NT to contact my GP regarding agreed aspects of my case

I deny permission for my NT to contact my GP regarding agreed aspects of my case

Client name _____

NT name _____

Client signature _____

NT signature _____

Date _____

Date _____

Signed copy to be retained by both parties