

What to expect from you Nutritional Therapy consultation

1. You will be sent a comprehensive case history form, which you need to fill in and email back to us 72 hours before your consultation.
2. The **Metabolic Balance** programme is priced as a package at £970 that includes analysis of the blood test, plan production and 7 consultations both face to face and on the telephone and all email support over a 12 -14 week period. There is an expiration period of 16 weeks for the whole programme unless another arrangement is made at the first consultation.
3. The initial consultation will be divided in to three parts
(a)The clinical nutritionist will gather information; (b) The nutritional therapist will come to some conclusions about what may be contributing to your underlying health and symptoms; (c) we will discuss the Metabolic Balance programme in detail.
4. Depending on your condition, we may recommend additional biochemical tests.
5. If we feel that you would benefit from additional support, then we may recommend vitamin and mineral supplements.
6. After your appointment you may email **Kelly** at Kelly@bodyalive.co.uk with any concerns or queries.
7. Nutrition is a process and usually good improvement can be seen in three months – patience and the full compliance of the client is essential.



Terms and Conditions

1. APPOINTMENTS ARE SUBJECT TO A 50% CANCELLATION CHARGE WITH LESS THAN 48 HOURS NOTICE AND 100% CANCELLATION CHARGE IF NOTIFICATION IS ON THE DAY OF APPOINTMENT.

2. A deposit of £120 will be requested at the time of booking, this may be paid by credit card, debit card or internet transfer.

3. Payment for the programme (£970) is taken at the end of the first consultation, we accept debit cards, credit cards, cash and cheque, less the pre-paid deposit for the initial consultation.

Waiver

I understand that a Clinical Nutritionist is not able to diagnose or treat medical conditions.

Nutritional advice is not intended to replace the advice of medical doctors.

I understand that it is advisable to inform my doctor that I am consulting a nutritional therapist.

Signed

Date.....