

# New Client Agreement Form



Client Name

Date of Birth

\_\_\_\_\_

First

\_\_\_\_\_

Last

\_\_\_\_|\_\_\_\_|\_\_\_\_

Client Mailing Address

\_\_\_\_\_

Street Address

\_\_\_\_\_

Street Address Line 2

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zipcode

\_\_\_\_\_

Phone Number

\_\_\_\_\_

E-mail Address (for all program communications)

It is a pleasure to welcome you to this customized Program! During the upcoming months, you will learn ways to help yourself to achieve a healthier lifestyle and greater wellness. Please read and sign the following. If anything is unclear, please ask. This Agreement is made today between the Body Wisdom, LLC and the Client (both as named above). The Program in which you are enrolling will include all of the following:

A. Initial 2 hour session Includes a comprehensive nutritional and lifestyle assessment, symptom analysis, BIA analysis (body composition) and extensive review of recent lab results.

B. Two 60-minute appointments each month which will include discussion of your progress and specific, customized recommendations toward achieving your health goals. We encourage all Clients to take detailed notes during each session in order to enhance learning/retention.

C. Documented summary of session recommendations sent via email after each session, including a variety of informational handouts with further information as appropriate.

D. Nominal email communication with questions and concerns in between appointments, specifically to address follow-up support regarding topics covered during your sessions

## DURATION AND SCHEDULING

Our goal is to help you to become self-sufficient in being healthier and happier. All Berke Protocol Individual Programs are for a minimum of 4 months (8 sessions held every other week). We respect that our clients have varying needs for support and ongoing coaching.

If the Client needs to cancel or reschedule the appointment, the Client must do so at least 24 hours in advance; otherwise, the Client will forfeit that session and owe payment for it. Body Wisdom, LLC will also give the Client at least 24 hours notice of a need to reschedule due to unexpected events.

#### PAYMENTS AND REFUNDS

The Client understands that the cost of this Program is \$500 per month or one upfront payment of \$2000. The client understands that their program is for a minimum of 4 months. In the event of the Client's absence or withdrawal, for any reason, the Client will remain fully responsible for the unpaid balance of the Program for the first 4 months. Due to our upfront investment in developing your program, refund requests cannot be supported.

#### DISCLAIMER OF HEALTH CARE RELATED SERVICES

Body Wisdom, LLC encourages the Client to continue to visit and to be treated by his/her healthcare professionals, including, without limitation, a physician. The Client understands that Body Wisdom, LLC is not acting in the capacity of a doctor, licensed dietitian, therapist, psychologist or other licensed or registered professional. Accordingly, the client understands that Body Wisdom, LLC is not providing health care or medical services and will not diagnose, treat or cure any disease, condition or other physical or mental ailment of the human body. The Client has chosen to work with Body Wisdom, LLC and understands that the information received should not be seen as medical or nursing advice and is not meant to take the place of seeing licensed health professionals.