



## SIMPLY NOURISHED CONSENT STATEMENT

### CONSENT TO WORK WITH AS A CLIENT:

I, the undersigned, hereby voluntarily consent and grant permission to Simply Nourished (Samantha Schleiger MS, RDN, CD, CLT) to perform tests, provide medical nutrition therapy, and dietary recommendations as indicated for myself or above-named minor, for as long as I am a client of Simply Nourished.

Please note, as a registered dietitian I cannot diagnose or treat disease(s). I provide food-as-medicine information to be used in conjunction with your provider's plan. The labs I offer are used to provide clinical assessment information on a functional level and cannot be used to make adjustments of prescriptions or medication but may be used to provide guidance on nutritional recommendations that may yield positive outcomes. I am happy to coordinate care with your provider/medical team to ensure open communication and best outcomes for your health and healing journey via a physician coordination letter, if desired.