



The Spring  
Center for Natural Medicine

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**PERMISSION AND AUTHORIZATION FORM**

REGARDING THE USE OF  
NUTRITION RESPONSE TESTING™

***Please read before signing:***

I specifically authorize the natural health practitioners at The Spring, Center for Natural Medicine to perform a Nutrition Response Testing health analysis and to develop a natural, complementary health improvement program for me which may include dietary guidelines, nutritional supplements, etc., in order to assist me in improving my health, **and not for the treatment or cure of any disease.**

I understand that Nutrition Response Testing is a safe, non-invasive, natural method of analyzing the body's physical and nutritional needs; and that deficiencies or imbalances in these areas could cause or contribute to various health problems.

Nutrition Response Testing is not a method for diagnosing or treating any disease including conditions of cancer, AIDS, infections, or other medical conditions, and that these are not being tested for or treated.

I understand that I am not seeing a physician and that no promise or guarantee has been made regarding the results of Nutrition Response Testing or any natural health, nutritional or dietary recommendations. Rather, Nutrition Response Testing is a means by which the body's natural reflexes can be used as an aid to determine possible nutritional imbalances so that safe, natural programs can be developed for the purposes of bringing about a more optimum state of health.

**I have read and understand the foregoing.**

**This permission form applies to subsequent visits and consultations.**

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

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone: \_\_\_\_\_

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