

## **SK Health Wellness Consent Form:**

I, the undersigned, hereby request and consent to the services provided within the scope of services provided by SK Health Wellness Consulting, LLC (“Preventive Health Advisor”). I or my legal representative understand that any recommendations or advice received from SK Health Wellness Consulting, LLC are supportive only, and do not substitute for regular medical care. I understand that I must continue to see my regular treating healthcare providers as directed by them and take my regular medications as prescribed. SK Health Wellness Consulting, LLC will not bill insurance as none of the services described herein are covered by insurance.

I hereby acknowledge and agree as follows:

1. I acknowledge that I am entering into an agreement with SK Health Wellness Consulting, LLC to provide the services specified herein to me within the desired contract period of 1 to 6 months. This agreement may be extended by mutual agreement under mutually agreeable terms and conditions.
2. The services provided to me may include:
  - a. Evaluation of patient medical history, lifestyle, and previous laboratory and other previous test results;
  - b. Recommendations and consulting for disease prevention and healthy aging, which may include: nutrition, nutritional supplementation, exercise, lifestyle behaviors, stress management, and other interventions as indicated by medical history, and basic nursing examination.
3. I or my legal representative understand that I have the right to question any therapy proposed and/or provided by SK Health Wellness Consulting, LLC, and that all of my questions will be answered prior to receiving services of any type from SK Health Wellness Consulting, LLC. I or my legal representative understand that I have not been and will not be given a guarantee of beneficial or specific results. I affirm that I have and will always, to the best of my ability, disclose my complete current and past medical history to SK Health Wellness Consulting, LLC. I understand this history is essential for SK Health Wellness Consulting, LLC to assess and provide competent recommendation and advice to me. I understand that the treatment I receive from SK Health Wellness Consulting, LLC is in large part based upon my disclosures to them.
4. I have the right to revoke this consent and contract after the specified contract service period. There are no refunds for services provided.
5. I understand that I am responsible for full payment for services when they are rendered. SK Health Wellness Consulting, LLC will not bill my insurance company and I understand that my tax-deductible health plan may not reimburse me for services provided.
6. I or my legal representative understand that SK Health Wellness Consulting, LLC are not part of any health insurance plans, and I am financially responsible for all professional services.
7. Recommendations and advice provided by SK Health Wellness Consulting, LLC has not been designed to substitute for my care provided by a primary care provider. Under no circumstance is any advice provided by SK Health Wellness

Consulting, LLC to be considered as medical advice. SK Health Wellness Consulting, LLC is not a physician.

8. By voluntarily signing below, I affirm that I have read or have had read to me, and fully understand the information contained in this agreement. I have been advised of the risks and benefits of the services provided to me, and I have had the opportunity to ask questions regarding the services available to me. I understand this consent covers the entire course of the service provided by SK Health Wellness Consulting, LLC
9. SK Health Wellness Consulting, LLC does not guarantee any particular or specific results. I understand that my adherence to the recommendation and advice provided by SK Health Wellness Consulting, LLC is only part of an overall health and wellness program that includes proper diet and exercise. SK Health Wellness Consulting, LLC is not recommending any ancillary products.

Please print and sign this consent form and email it to [skhealth21@gmail.com](mailto:skhealth21@gmail.com)

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

**Email:** \_\_\_\_\_

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

**Witness:** \_\_\_\_\_

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