



# Terms of Engagement Document

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## **TERMS OF ENGAGEMENT**

BETWEEN THE BANT NUTRITIONAL THERAPIST AND HIS CLIENT. (B).

### **Introduction**

Good nutrition helps build the body's natural strength and resistance, however, no claim is made as to the efficacy of any nutritional protocols.

The degree of benefit obtainable from Nutritional Therapy may vary between clients with similar health problems and following a similar Nutritional Therapy programme.

### **The nutritional therapist**

Nutritional advice will be tailored to support diagnosed conditions and/or health concerns identified and agreed between both parties.

Nutritional therapists are not permitted to diagnose, or claim to treat, medical conditions,

Nutritional advice is not a substitute for professional medical advice and/or treatment.

Standards of professional practice in Nutritional Therapy are governed by the BANT Code of Ethics and Practice.

### **The client**

You are responsible for contacting your GP about any health concerns.

If you are not being treated by your GP, you should still let them know that you are receiving nutritional therapy.

If you are receiving treatment from your GP, or any other medical provider, you should tell them about any nutritional strategy provided by a nutritional therapist. This is necessary because of any possible reaction between medication and the nutritional programme.

It is important that you tell your nutritional therapist about any medical diagnosis, medication, herbal medicine, or food supplements, you are taking as this may affect the nutritional programme.

If you are unclear about the agreed nutritional therapy programme/food supplement doses/time period, you should contact your nutritional therapist promptly for clarification.

You must contact your nutritional therapist should you wish to continue any specified supplement programme for longer than the original agreed period, to avoid any potential adverse reactions.

You are advised to report any concerns about Nutritional Therapy promptly to your nutritional therapist for discussion and action

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We understand the above and agree that our professional relationship will be based on the content of this document.

Signed by client: ..... Date.....

Signed by nutritional therapist: ..... Date.....

{A signed copy of this document to be retained by both the client and the nutritional therapist.

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