

## ***Informed Consent and Authorization Form for Nutrition Response Testing® and Nutritional Consultation***

Nutrition Response Testing is a non-invasive system of analyzing the body to assist an assessment of underlying causes of ill health through changes in the autonomic nervous system. The system is based on the view that neurological reflexes provide information about health status and is one component of screening for organic illness or underlying “energetic” dysfunction. Nutrition Response Testing is an aid to determining possible nutritional imbalances, so that safe natural programs can be developed for the purpose of bringing about a more optimum state of health. It can also be used to encourage the immune system to “recalibrate” its responses to materials in food or the environment.

*Status with the FDA and Medical Community; Not a Substitute for Medical Care:* This view is not grounded in conventional medicine but considered a form of integrative, complementary or alternative medicine. While there is published literature and clinical experience supporting this method, the body of evidence has not been sufficiently demonstrated by clinically controlled studies to be recognized as valid by the medical or chiropractic communities or federal or state regulatory agencies. The Nutrition Response Testing system has not been reviewed and approved by the US Food and Drug Administration and does not provide diagnosis of or treatment for any medical condition nor conclusive evidence about nutritional deficiency or sensitivity. It is informational and meant to address energetic or autonomic reflex issues and provide guidance about potential health issues that might benefit from further screening. It is not a substitute for medical diagnostic services, nor should any medically prescribed treatments be altered or discontinued as a result of the analysis. Testing by itself should not be relied upon as a final test of the presence or absence of any disease.

*An Important Note about Allergies:* One aspect of Nutrition Response Testing measures sensitivities to foods and materials in the environment. These sensitivities are not necessarily the same as allergies, which refer to a very specific response of the immune system known as an “IgE”<sup>1</sup> response. Because immune reactions form a very complex web of interactions, it is more accurate to think of reactions to foods or items in the test as sensitivities rather than as allergies. Nutrition Response Testing therapy helps the body “retune” its responses to foods and the environment. Patients who may have true “IgE” allergies may wish to discuss possible diagnostic and treatment alternatives with an appropriate medical specialist.

Services intended to reduce sensitivities will not necessarily resolve allergies and patients should not expose themselves to allergens to which they have significant reactions based upon allergen testing or Nutrition Response Testing.

*Potential Adverse Reactions:* While these procedures are very safe, some sensitive people may experience a healing crisis, a short period in which symptoms increase or a period of a flu-like illness during which there could be some mild fever, chills, dizziness, loss of appetite, or similar symptoms. Such an experience, while unpleasant, can signal the body going through detoxification or other healing effort. When these difficult periods do occur, it is thought that the

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<sup>1</sup> **IgE:** is a substance produced by the immune system during allergic reactions.

body needs to make a chronic condition acute for a brief time as part of the healing process. Patients are given instructions, such as avoiding materials for a time after efforts to recalibrate the body's reactions to allergens/triggers.

*No Guarantees:* No health care practice is an exact science, and there are significant individual differences between patients. No guarantees are made that a patient will gain any benefit or not suffer any adverse consequences.

*Insurance Notice / Financial Responsibility:* Patients are responsible for payment at the time of service. Nutritional counseling and the use of this system are considered non-covered and considered not "medically necessary." Patients are responsible for the costs of services even if their third-party payor determines that a service is non-covered, "medically unnecessary," "investigational," or "experimental." Related services, such as office visits and labs connected to this service could also be denied.

*Practitioner Training:* \_\_\_\_\_ has completed course work provided by Ulan Nutritional Systems in the use of Nutrition Response Testing. **(Note: Check the laws of your state and only include if necessary. Required in FL and a few other states.)**

### ***Agreement and Consent***

I authorize my practitioner to develop a natural, complementary health improvement program for me which may include dietary guidelines, nutritional supplements and other suggestions in order to assist me in improving my health. I have discussed the status of the Nutrition Response Testing system and wish to include Nutrition Response Testing as part of Practitioner's counseling/consultation; I understand and agree that all decisions and recommendations are made by my practitioner and the Nutrition Response System, and Ulan Nutritional Systems is not responsible for any outcome of this consultation. I understand that improvement is most likely if I adhere to my Practitioner's recommendations. If I do not fully comply, I understand that this will impact my results and success. I represent that I am seeking analysis using Nutrition Response Testing as part of my consultation with practitioner to further my own health and for no other reason. I understand and agree to the financial and other notices that have been provided. I understand that there could be potential adverse reactions and agree to assume the risks that could arise. I have been adequately informed about the clinical and legal status of this system and counseling and questions I have asked have been satisfactorily answered.

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

\_\_\_\_\_  
Signature of Patient, or Parent/Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Name (Printed)