



Client Agreement Form (CAF)

I hereby attest to the following:

1. That I am here, on this and any subsequent visit which includes phone/zoom or email appointments, solely on my own behalf and not as an agent for any federal, provincial, municipal, or professional agency on a mission of entrapment or investigation.
2. I fully understand that Joanna Heath, Joanna Heath Wellness/Joanna Heath LLC is not a medical doctor and I am not here for medical diagnostic or treatment procedures.
3. The services provided by Joanna Heath, Joanna Heath Wellness/ Joanna Heath LLC are at all times restricted to education and guidance on the subject of wellness matters intended for general natural health well-being. It may or may not include spiritual counseling.
The services do not involve the diagnosing, prognosticating, treatment, or prescribing of remedies for the treatment of any disease, or any licensed or controlled act which may constitute the practice of medicine in this State or province. This service is also holistic in nature and not one-on-one nutritional counseling as a State licensed nutritionist would perform.
4. This agreement is being signed voluntarily and not under any pressure of any kind.

Print Name _____ Date _____

Signature _____

Name of Wellness Professional: Joanna Heath

Signature _____

Date _____