



**SHAPE ReClaimed Informed Consent & Acceptance of Responsibility Patient Informed Consent**

I, \_\_\_\_\_ patient \_\_\_\_\_, understand that SHAPE ReClaimed is a lifestyle modification, health restoration program designed to help me improve my overall health. This program is not intended to replace the guidance of my primary health care experts. While this program is not used to diagnose, treat, cure or prevent any disease, I understand any medications I am currently taking may need dose adjustment. I agree to notify my prescribing physician that I am working with \_\_\_\_\_ doctor/clinic \_\_\_\_\_ and will be closely monitored while incorporating this program for embracing a healthier lifestyle. I understand an anti-inflammatory nutritional regimen will be recommended based on my unique health history, urine analysis and symptoms.

**Doctor/Office/Clinic Statement of Intent**

We, \_\_\_\_\_ doctor/clinic \_\_\_\_\_ understand that our intent and responsibility is to determine if SHAPE ReClaimed is a program that would be beneficial for assisting your body in its innate healing process. Our first appointment with you will be multi-faceted. We agree to do the following:

- Take full health history
- Assess the patient
- Discuss health goals
- Perform baseline urine analysis & discuss results with patient
- Make specific patient recommendations (nutritional, supplements, diagnostics)
- Determine patient follow-up protocol to include urine monitoring
- Educate the patient regarding living a healthy lifestyle

**Patient Acceptance of Responsibility**

I have been informed and understand that nutritional and lifestyle recommendations may involve certain risks. These may include, but are not limited to detoxification symptoms, such as: initially feeling worse due to the release of stored toxins, digestive symptoms, fatigue, headaches, muscle and joint pain, allergic reactions or any unpredictable reaction with my prescribed medications that has not been found in research literature, etc.

In addition, I agree to do the following:

- Submit full health history
- Discuss health goals
- Have consistent urine analysis & follow-up visits as recommended by SHAPE practitioner
- Read "The Complete Patient Guidebook"
- Review the information provided under the "Patient Education" tab on the SHAPE ReClaimed website ([www.shapereclaimed.com](http://www.shapereclaimed.com))
- Be aware that I can become a member of the "OFFICIAL SHAPE ReClaimed Support Group" on Facebook and will not substitute recommendations from Facebook for my specific health needs.
- Understand that my SHAPE Practitioner can refuse sale of additional product if I have not followed the recommended protocol set up for my healing

**I have read, or have had read to me, the above information. I have had the opportunity to ask questions about its content and by signing below, I agree to these conditions for the duration of my SHAPE ReClaimed journey. I am responsible for all fees incurred and agree to pay, in full, for any service provided the day service is rendered.**

\_\_\_\_\_  
Printed name of patient

\_\_\_\_\_  
Printed name of practitioner

\_\_\_\_\_  
Signature of patient

\_\_\_\_\_  
Date Signed