



**Statement of Commitment:**

I fully understand that a healthy lifestyle requires commitment and dedication, and change doesn't happen overnight. I choose to improve my health by assuming greater self-responsibility to reduce or eliminate unhealthy behaviors that are contrary to my well-being. The Surgeon General (1990) estimated that 7 out of 10 of the leading causes of death in America are related to lifestyle habits. I will commit to Karie's recommendations for the agreed upon time frame and make my health my priority.

**No Guarantees:**

I am aware that no practice of medicine is an exact science, and acknowledge that there are and can be no guarantees as to accuracy or outcomes of any treatments/recommendations I receive.

**Cancellation Policy:**

Beginning February 1st, 2016 we will be assessing a \$50.00 cancellation/no show fee. If you need to cancel or reschedule an appointment please provide a 24-hour notice so that I can offer that time to other clients. If you do not provide at least a 24-hour notice you will be charged the \$50.00 cancellation/ no show fee.

Thank you so much for your time for we know it is very valuable.

**Payment Policy:**

Payment in full is required when services are rendered. Credit cards and checks accepted.

Payment plans can be arranged only in extreme circumstances.

Name: \_\_\_\_\_

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

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

Please bring forms filled out to your first appointment. Thank you!