

Consent and expectations

By reading and signing this document, I the patient (or authorized representative) consent to and authorize the performance of any treatments, examinations, medications, medical services, laboratory draws, diagnostic procedures as ordered by the healthcare professional assigned to my care and I acknowledge and consent to the following:

Contacting: I authorize MNP Health Services to email, text, call or leave voice mail.

Providing accurate information: I understand that the healthcare professionals involved in my care will rely on my subjective information/documentation, medical history, as well as other information provided by me, immediate family, or others having information about me. I agree to provide accurate and thorough information regarding my medical history and any conditions or events which may impact medical decision-making.

Expectations: I understand that I will follow this program as provided by the healthcare professional team. Program includes but not limited to initial labs and in-person visit as well as completion of survey, three month follow ups, journaling diet and exercise weekly and completion of post survey.

By signing this document, I certify that I have read and understand its content and that information provide by me is accurate and complete.

Name: _____

Signature: _____

Date: _____