

# *Julie Spero, NC*

## **PERMISSION & AUTHORIZATION FORM REGARDING THE USE OF ACUPOINT INTEGRATIVE TESTING™ (AIT) & MORPHOGENIC FIELD TESTING™ (MFT)**

### **PLEASE READ BEFORE SIGNING:**

I specifically authorize Julie Spero to perform a health analysis using AIT, MFT and other forms of energetic testing to develop a natural, complementary health improvement program for me which may include dietary guidelines, nutritional supplements, etc. in order to assist me in improving my health, **and not for the treatment, or "cure" of any disease.**

I understand that Julie Spero is not a medical doctor and that **AIT & MFT are safe, non-invasive and natural methods** of assessing the body's physical and nutritional needs, and that these deficiencies or imbalance in these areas could cause or contribute to various health problems.

I understand that AIT & MFT do not diagnose, treat, cure, or prevent any disease or condition.

No promise or guarantee has been made regarding the results of these energetic testing methods or any natural health, nutritional or dietary programs recommended, but rather I understand these are used as a means to determining possible energetic and/or nutritional imbalances, so that safe natural programs can be developed for the purpose of bringing about a more optimum state of health.

I have read and understand the foregoing.

This permission form applies to subsequent visits and consultations.

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

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

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Signed: \_\_\_\_\_

(If minor, signature of parent or guardian required)

Witness: \_\_\_\_\_