

Informed Consent Delegating Physician/Provider and Delegatee Performing Medical Services

The delegating physician/provider is delegating the following services and is accountable for the performance of these services by the delegatee.

Counseling and patient education related to therapeutic lifestyle changes including:

1. Perform initial and serial follow up Vitals and/or anthropometry
2. Perform initial and serial follow up bioimpedence measurements
3. Assessment/review of a lifestyle-associated health history
4. Review and serial follow up of a symptom based health assessment
5. Provide patient education regarding Dr.'s instructions, lab values, etc
6. Diet/Menu plan counseling and monitoring
7. Exercise/activity plan counseling and monitoring
8. Therapeutic nutritional protocol implementation and monitoring
9. Stress management counseling and monitoring
10. Sleep/recuperation/restoration counseling and monitoring
11. Keeping detailed medical chart records of all counseling/services performed

These delegated medical services are specific and detailed per physician/provider approved, evidence-based protocols.

I understand _____ is delegating therapeutic lifestyle changes to a lifestyle educator and agree to receive services from the delegatee.

Patient Name

Date

Signature

Date