



## CONSENT FORM

### **Introduction**

Metabolic Balance is a weight-loss program. The program involves a customized meal plan for each client based on the individual's blood work.

The Metabolic Balance coaches are not medical professionals. Metabolic Balance **will not** identify, diagnose, nor treat any physical or mental symptom, disease, disorder, or condition. Metabolic Balance is not a medically supervised program, and it is not a nutritional program. The purpose of the program is to lose weight and/or weight maintenance. Regular exercise is an important component in weight loss and maintaining the weight loss. The Program has not been evaluated by the Canadian Food Inspection Agency.

### **The Coach**

Each coach has been trained by Metabolic Balance to assist you in following the meal plan. The Coach will not identify, diagnose, nor treat any physical or mental symptom, disease, disorder, or condition.

### **The Meal Plan**

Based on the results of your bloodwork, a customized Metabolic Balance Meal Plan (the "**Meal Plan**") will be provided to you, through the Coach. There are no pills, powders, chemicals, added to your meal plan – only food that can be purchased from most grocery stores.

### **The Blood Work**

Prior to starting the meal program, you will be given a requisition for blood work. The cost of the blood work is not covered by any provincial health insurance plan. You will be responsible for paying the cost of the bloodwork. Blood work is taken solely for the purpose of establishing a meal plan. The results of the blood work are **not** used to identify, diagnose, nor treat any medical symptom, disease, disorder, or condition. Should you have any concerns about your health, you must consult a doctor. In the event you wish for your blood work results to be shared with your family physician, this is your personal responsibility.

### **Personal Health Information**

To prepare your meal plan, the Coach will ask you a series of questions regarding your personal health, and this information will be submitted into an online portal, which is based in Germany. Metabolic Balance aims to securely store your personal health information but unforeseen circumstances, such as privacy breaches, can occur. You are voluntarily assuming all the risks associated with disclosing personal health information.

### **Material Risks**

Health risks have been associated with diet and weight-loss. Any weight-loss program may cause conditions such as constipation, dizziness, diarrhea, dry or cold skin, gout, hair loss, headaches,



irregular/cessation of menstruation, muscle cramping, loss of lean body mass, and reduced tolerance to cold. Note, this list is non-exhaustive and other side effects may occur. You must discuss any health concerns with your doctor.

### **Who Is Eligible and Not Eligible**

The Program is not suitable for all individuals. It is important that you discuss your decision to follow a weight-loss program, with your own doctor. If you are pregnant, intending on becoming pregnant, or nursing, you are not suitable for the Metabolic Balance program. Metabolic Balance is unable to create meal plans for persons with severe renal or hepatic insufficiency, or people whose BMI is less than 18. If you have any physical or mental medical condition, disorder, or disease, or are taking any medications, you are responsible for discussing the weight-loss program with your doctor before entering into the program.

### **Informed Consent**

1. I am voluntarily agreeing to purchase the Metabolic Balance Meal Plan. I am voluntarily accepting the risks of following the Meal Plan.
2. I understand that I can decide to stop following the Meal Plan at any time.
3. I am responsible for discussing my decision to follow the Meal Plan with my own doctor. By signing below, I am agreeing that I do not have any physical or mental condition, disorder, or disease that would be incompatible with following the Meal Plan. I am not taking any medications that would be incompatible with following the Meal Plan. If I experience any adverse symptoms from following the Meal Plan, I will stop the Meal Plan immediately and consult with my doctor.
4. I understand that Metabolic Balance is not a medically supervised program and that the Metabolic Balance coaches are not medical professionals and will not identify, diagnose, nor treat any physical or mental symptom, disease, disorder, or condition.
5. I am voluntarily disclosing my personal health information to Metabolic Balance for the purposes of obtaining a meal plan. I understand that there are risks involved in disclosing my personal health information, such as data breaches, and I am voluntarily assuming all the risks associated with disclosing personal health information.
6. I have read the above information. I have been given an opportunity to ask any questions and all my questions have been answered to my satisfaction. I wish to proceed with the Metabolic Balance program.

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Print Name

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Signature

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Date