



Dynamic Sports Physiotherapy • Kensington Physical Therapy
1502 – 400 Campbell Road 12620C 132 Ave
St. Albert, AB T8N 0R8 Edmonton, AB T5L 3P9

Dietitian Waiver Form

I, _____ hereby grant permission for Tania Vander Meulen, RD to correspond with my physician(s) to obtain information relevant to my nutrition treatment and counseling if needed. I acknowledge that any information will be held in strict confidence. I further acknowledge the information provided to me by Tania Vander Meulen is designed to meet my personal dietary needs. It is not suitable for any other individuals and will not be transferred, copied or sold to another person.

In order to benefit from the treatment prescribed by Tania Vander Meulen, I realize that it is important for me to inform either my physician or the dietitian of any changes I make in the application of my diet. It is my responsibility to report any side effects or problems immediately and to make the necessary adjustments to my treatment plan with my physician and or/Dietitian. I will not hold my physician or Tania Vander Meulen responsible for any complications that result from my failure to comply with either of the above.

I have agreed to have my Registered Dietitian keep records of our visits and to file these in a secure and appropriate place. I have agreed to have the Registered Dietitian contact other Health care Professionals to benefit in my care and to share my personal information if necessary. This may be accomplished by letter, phone, fax or email.

Cancellation Policy:

Twenty-four (24) hours notice is needed to cancel/reschedule your appointment. This allows our office to seek a replacement. If 24 hours notice is not provided, a fee of \$50.00 will be charged to you.

Thank you for your cooperation and understanding.

Date: _____

Client's Signature _____

Witness: _____