

**Messenger of Health Client Service Agreement**

Client Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

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

Email Address \_\_\_\_\_

Day Phone Number \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Program Enrollment Cost \_\_\_\_\_ Amount Paid: \_\_\_\_\_

I have agreed to enroll in:

**Option 1:**

**One initial weight loss consultation which will include gathering health history and a personalized protocol designed that will accommodate your dietary needs to reach your healthy desired goals.**

**Cost: \$65 for 1 hr consultation and \$125 for personalized protocol only, without supervision. This means we design your protocol and you desire to follow the program on your own without supervision. Total \$190.**

**Option 2: Your initial weight loss consultation which will include gathering health history and a personalized protocol designed that will accommodate your dietary needs to reach your healthy desired goals.**

**Cost: \$65 for 1 hr consultation and \$125 for personalized protocol and then weigh and measurements every week Monday through Friday and reviewing food diaries and questions you may have while on your protocol. Each additional visit is approximately 15 minutes for \$25 for weigh and measures and questions and nutritional advice.**

