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## Release Form

Please fill out and sign this release form which enables me to contact your physician and/ or therapist.

I \_\_\_\_\_ (print your name), authorize Jenny DeMarco, IE Counselor, consulting nutrition therapist, to contact and/or release information concerning my nutrition therapy to the following physicians/therapists:

Name
Address
Phone

Name
Address
Phone

Name
Address
Phone

Signed \_\_\_\_\_

Date \_\_\_\_\_

Your phone \_\_\_\_\_