

**DR. ELIZABETH W. BORG, PH.D., D.Sc.  
Naturopathic Doctor and Wellness Coach**

## **CONSULTING AGREEMENT AND POLICY STATEMENT**

Welcome to functional nutrition and wellness coaching and welcome as a new client. My mission is to help you improve your overall sense of well being, and energy, as well as help you address your specific health challenges. I help you do this through natural, non-toxic and non-invasive interventions. Information that is given and taught to you is focused on scientific, research-based principles of functional medicine. These interventions are designed to balance and support you on all levels of body, mind, and spirit.

My consulting style is a “coaching/mentoring” approach that is positive, supportive and provides structure and clear plans. I will draw from my experience of over twenty years in long-term private practice, nutrition, functional medicine, bodymind integration, spiritual psychology, and human potential. My goal is to empower you, and educate you so you can take your health to the highest level possible.

I am looking forward to working with you on your health goals. To enable me to provide the highest quality of service to you, I ask that you observe the following policies. If you are unclear about any policy, please ask and I will be happy to explain. I value every client and have found that these policies allow me to provide this high quality of service to each of the people I work with.

### **CONSULTATION SESSIONS**

#### **INITIAL CONSULTATIONS:**

Your initial consultation will last from 90 minutes to two hours depending on the complexity of your issues. Because everyone is completely bio-individual, your health and wellness program will be individualized just for you. Because of this, the cost of your program will also be different than other people. The cost of your program will follow the general outline in the information sheet below, but will be tailored to your needs and financial ability.

Before your initial appointment, you will have either gone to my website and completed the new client information forms or have been sent these forms by mail. Either way, please bring these with you to your initial

appointment. Also bring with you any current lab results (up to the last 6 months) that you have had done through your primary physician. During this initial visit, we will go over these forms, go over your medical history, and talk about the various stressors in your life. You will be given a folder with many different kinds of information about further assessments, diet changes, additional questionnaires to complete, and a flow chart of the structure of how we will work together. At the end of the consultation, we will establish the basic steps and tentative timelines for your health projects. I will be happy to remain available for telephone calls to answer any questions that come up.

## **DISTANT CLIENT CONSULTATIONS**

Many of my clients do not reside in my local area. For Distant Clients who are in other parts of the country, we may do all of our work by telephone, fax, and e-mail. Upon your request, I may be available to come to your location and do a group workshop in wellness and nutrition. If this interests you, please ask for details. You are also welcome to come to Plymouth, Michigan in the suburban Detroit area, for a consultation in person.

## **CONTINUING CONSULTATIONS**

I have found that regular, follow-up sessions every 3 weeks for 3 months and then monthly sessions thereafter for a minimum of 6 months is a desirable schedule to participate in for maximum effectiveness, time for education, and integration of new life-style habits into your life. Most people do much better with habit changes if they have regular contact with a coach.

## **CANCELLATION POLICY**

If you need to cancel your consultation, please call during regular business hours 24 hours or more prior to your scheduled appointment or you will be charged your full fee for the time I have reserved for you. We understand that *things can come up unexpectedly*, and I offer the following exception in an attempt to address both your special needs and mine: If you are unable to give a 24 hour notice of cancellation, *and I am able to reschedule your appointment during that same week*, I will not charge you for your original, reserved time slot. You can reach me by voice mail 24 hours a day at (734) 453-2207. Serious illness, hospitalization, or death in the immediate family are situations where rescheduling can be done at a future date.

## **TELEPHONE CONVERSATIONS**

Please feel free to leave a confidential voice mail message for me at any time and I will return your call as soon as possible. While short telephone conversations of up to five minutes will be accepted when I am available, extended phone conversations will be billed at the same rate as your consultation sessions, in 15-minute increments.

## **PAYMENT FOR SERVICES AND HEALTH PRODUCTS**

In order to simplify my business and have more time to serve my clientele, I do not send out billing statements. I can give you a summary statement for tax purposes at the end of the year upon request. I ask that you make your payment for consulting services at the end of each session. I accept cash, check or Visa/Mastercard card. I stock a limited selection of food supplement products and herbals that are difficult to obtain from other sources. My clients pay me for these at the time they are purchased. For all other food supplements and health products, you can visit my website at [www.WellnessEvolutions.com](http://www.WellnessEvolutions.com) and order, or set up a client account by phone with the individual companies themselves, using my name as the referring health care provider.

## **OUR RELATIONSHIP**

*Our relationship is important!* Please share your ideas, concerns, and feelings. My goal is to make your learning experience as interesting, productive, and enjoyable as possible. I am flexible and creative and will start at the level you are comfortable with, and then pull you forward in your wellness, lifestyle, and health management plan.

Please note that although I am a psychologist, I am not engaging in a psychotherapeutic relationship with you or providing psychotherapy services, unless that is our explicit agreement and you are adding functional health services in addition to your regular psychotherapy. With some wellness clients, I may address motivational blocks and emotional concerns that may be blocking them from changing habits that are self-defeating and disease promoting. My purpose in addressing these is to give you tools and resources that promote healing and positive change in your well being.

Thank you again for choosing Wellness Evolutions to help you go to a new level of health. I look forward to working with you.

Elizabeth W. Borg, Ph.D., N.D.

## CLIENT AGREEMENT

I realize that physical health and well being is dependent upon a combination of many factors. I understand that the success of my health, energy, biochemistry, and emotional wellness is a product of:

- My motivation and ability to learn new skills and habits
- The general environment in which I live
- My genetics and past experiences
- Previous treatment and health conditions
- The unpredictable nature of adding new behaviors and molecular substances into my body and life
- The consulting and educational services of Wellness Evolutions
- Other variables that may not be apparent at this time

Therefore, I understand that Wellness Evolutions and Elizabeth W. Borg cannot guarantee that I will achieve a higher level of health and have an improvement in my symptoms or in my functional and nutritional profiles.

Wellness Evolutions and Elizabeth W. Borg does not diagnose disease and prescribe treatment. She assists you in balancing your body chemistry and creating the kind of lifestyle and nutrition that will help your body resist disease and age as slowly and as healthfully as possible.

I also understand that I may bring up any unforeseen concerns or questions, should any occur. I may also discontinue my consulting relationship at any time that I choose.

I have read the attached Consulting Policy Statement and agree to the terms stated.

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Signature

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Date

*Please retain a copy of this agreement for your records and return the original*