

Nutrition & Health Pre-test Instructions

Name: _____ Age: _____ Height: _____

Meal? _____ Time of meal? _____

(Write down the last thing you ate and what time you ate it)

Ideally you should be tested at the same time of day, 2-4 hours after consumption of a similar meal each time you are tested. *In order to ensure the accuracy of your testing, please adhere to the following:*

- **No alcohol** consumption within 24 hours prior to the test.
- **No exercise or caffeine** for 4 hours prior to the test.
- **No food** for 6 hours (prior to blood sugar test).
- **No food** for 2 hours (prior to bio-impedance test).
- **No diuretic medications** within 12 hours prior to the test.
- **Drink** 2-4 glasses of **water** within 2 hours of the test.
- **BRING A SNACK** to have after your testing while your results are reviewed. (optional)

Consent, Release & Waiver

Fasting Blood Sugar Testing

I, the undersigned, (or in the case of minor, parent/guardians of _____); have agreed to check my fasting blood sugar (6 hour fasting period) by performing a *self-administered* glucometer (blood sugar) test. I agree to waive, release and forever discharge Bliss Lifestyle Therapies, and facility in which services may be performed, from any and all claims and causes of action of any kind or nature which the undersigned may have or may have an account of any and all damages, losses or injuries to persons or property resulting in the self-administered glucometer test. It is understood the fasting blood sugar test is only an indication of the blood sugar level and is not intended to diagnose, treat, cure or prevent any disease.

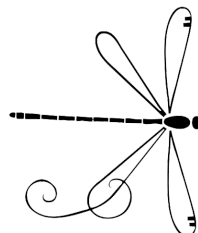
It is hereby acknowledged that the self-administered fasting blood sugar test is being done by the undersigned voluntarily. The undersigned hereby declares that the terms of this consent, release and waiver have been completely read and are fully understood and voluntarily accepted for the express purpose of precluding forever any claims arising out of the aforesaid self-administered test.

Undersigned acceptance:

Signature: _____ Date _____

Printed Name: _____

Address: _____



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blt.me | 916.482.8282