

Informed consent form and waiver for biofeedback assessment

1. I fully understand that the attending specialist is not an allopathic doctor (MD) but, are nutritional, wellness consultants and Biofeedback Specialists.
 2. I fully understand the difference between the practice of allopathic medicine, nutritional wellness consulting, Biofeedback.
 3. I fully understand that the services provided by the attending specialist are not allopathic, but are nutritional, behavioral, or biofeedback in nature.
 4. I fully understand that the attending specialist perform her services within the parameters of a natural health and wellness system using biofeedback and stress reduction.
 5. I fully understand that the attending specialist does not offer allopathic, drugs, surgery or chemical stimulants or radiation therapy.
 6. I have solicited the attending biofeedback specialist's services in good faith, exercising my free will and following the dictates of my own conscience, which allows me to select what I understand, is most beneficial to my health.
 7. If I desire any services not provided by the attending biofeedback specialist, which is my prerogative, I fully understand that I should seek them elsewhere.
 8. I presently seek counsel, advice, opinions, biofeedback or points of view and/or programs with the scope of the attending specialists' wellness and stress reduction practice.
 9. I fully understand that the services provided by the attending specialist are not generally accepted and/or recommended by allopathic doctors or other conventional health professionals.
 10. I hereby release the biofeedback specialist to do biofeedback assessments, measurements and balancing on me.
- For the diagnosis and treatment of any disease, consult a licensed allopathic physician.

Client/or responsible party:

Signature: _____ Date: _____

Print name: _____ Profession: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ e-mail: _____

Date of birth: _____ Place of birth: _____ Time of birth: _____

Are you pregnant? _____ Pace maker? _____ Metal screw/plates etc? _____

Client Intake Form-Good Vibrations Wellness Center

1. Do you have any current conditions or diagnosis?

2. When did this condition start?

3. List any medications and its purpose

4. List any supplements taken routinely

5. Do you have metal fillings, screws, plates, or metal hardware in the body?

6. List any major injuries

7. List any major illnesses

8. What areas would you like to see improvement? (Pain, sleep, digestion, anxiety, etc)

Signature:_____

Date:_____