

Bionetic/ BioGenesis Biofeedback Stress Response Testing/

Wellness Evaluation Authorization and Release Form

Electro-acupuncture and stress testing provide an opportunity to measure electrical responses and meridian flow of the body. Bio energetic evaluation of the energy flow helps identify various stressors that might impede the electrical process. The evaluation may include recommendations for natural remedies, stress reduction methods and/or nutritional changes designed to balance the energy meridians and enhance overall wellness. These recommendations are not cures for any known diseases, nor have they been clinically proven to eliminate any specific disease process. The bio energetic evaluation is not a method of diagnosing, nor are the suggested remedies designed to replace any of the medications or treatments currently being provided by a primary care practitioner.

1. I fully understand that the attending consultant is not an allopathic doctor (M.D.) and does not pretend to be, but is a professionally trained Complementary Alternative Health Practitioner and a Bio Energetic Practitioner, providing services that are not allopathic, but that are within the parameters of a natural health and wellness philosophy.
2. I fully understand that the attending consultant does not offer allopathic drugs, surgery, chemical stimulants or radiation therapy, but is providing information and natural products to restore natural balance and optimum conditions for health and wellness based on the scope of his/her practice.
3. I full understand that the consultant is not diagnosing or treating any illness or disease, but is only measuring the bio energetic balance and overall stress response of the body and that these services may not be generally accepted and/or recommended by allopathic physicians or other health professionals.
4. I fully understand that the attending consultant is in no way encouraging me to terminate or modify and previous or ongoing therapies under the direction of any licensed practitioner, and that the attending consultant can/will not dissuade me from seeking allopathic attention, recommendations or modes of therapy from a licensed practitioner.
5. I presently seek consultations, advice, opinions, and/or programs, tests, evaluations, and/or products within the scope of the attending consultant's wellness practice based upon the principles of bio energetic health and have solicited the attending consultant'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.
6. If I am accompanied by a minor or an incompetent, I give full faith that I am legally and totally responsible for them.
7. Information about traditional uses of supplementation that may create a healthy balance in the body may be discussed. This is not intended to be interpreted as a substitute for a licensed physician's treatment plan. Nothing said, done, typed, printed or reproduced by us is intended to diagnose, prescribe, treat, or take the place of a licensed physician advice.
8. I authorize the attending consultant to provide his/her services to me on my behalf, and hereby release him/her from any and all claims and potential claims arising out if my actions or failure to act upon his/her advice.
9. I give full faith that I have read and understand this document entirely, that I have received a verbal explanation of the same from the attending consultant, and that he/she has answered satisfactorily all of my questions regarding this form.
10. I am willing to declare and repeat under oath all of the above statements by request of the attending consultant.
11. I am not on this visit, or any subsequent visit, acting as an agent for the federal, state, county, local law enforcement or news media on a mission of entrapment or investigation.

Client

Signature _____ Date _____

Parent or Guardian signature if under 18 _____