

## Biofeedback Stress Response Testing/Wellness Evaluation Authorization and Release Form

Electro-acupuncture and stress testing provide an opportunity to measure electrical responses and meridian flows of the body. Bioenergetic 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 proven clinically to eliminate any specific disease process. The bioenergetic evaluation is not a method of diagnosing, nor are the suggested remedies designed to replace any of the medications or treatments currently being provided or recommended 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 bioenergetic 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 fully understand that the consultant is not diagnosing or treating any illness or disease, but is only measuring the bioenergetic balance and overall stress responses 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 any 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 consultation, 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 bioenergetic health and have solicited the attending consultant's services in good faith, exerting 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. I take full legal and total responsibility for any minor or incompetent accompanying me.
7. I authorize the attending consultant to provide their services to me on my behalf, and hereby release them from all claims and potential claims arising from my actions or failure to act upon their advice.
8. I give full faith that I 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.
9. I am willing to declare under oath all of the above statements by request of the attending consultant.

I hereby consent to and authorize the above described evaluation and consultation:

Client signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian signature if under 18 \_\_\_\_\_