



CLIENT INFORMATION

Name: _____ Date of birth: _____

Address: _____

Telephone: _____ Mobile Telephone: _____ E-mail: _____

In case of emergency: _____ Telephone: _____

Occupation: _____ Male: Female:

How did you hear about us? _____

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- Please take a moment to carefully read the following information and sign where indicated.
 - If you have a specific medical condition, or specific symptoms, Theraphi Therapy may be contraindicated.

Have you ever experienced a “Theraphi” session? _____ Yes: No:
How recently? _____

What was your experience with Theraphi session like? _____

What are your Theraphi Therapy goals? _____

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If you answer “yes” to any of the following questions, please explain as clearly as possible.

Are you pregnant or trying to get pregnant? Yes: No:

Do you suffer from epilepsy or seizures? Yes: No:

Do you have any implanted electronic devices? Yes: No:

Do you have any of your joints replaced? Yes: No:

Is there anything else about your health history that you think would be useful for your practitioner to know to plan a safe and effective Theraphi Therapy session for you? _____

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Before treatment make sure to remove: All metal objects, jewelry and all electronic or battery operated devices, keys/fobs, wallet, ID and cards with magnetic strips (credit cards, hotel keys) and hearing aids. We will not be responsible for damage to technology that has not been removed prior to your session. You CANNOT use this device if you are sensitive to electromagnetic or electric fields and other related sensitivities. You should not come within 50 feet of an operating Theraphi.

Informed Consent and Wavier

- If I experience any pain or discomfort during this session, I will immediately inform the practitioner to stop the session.
- I understand that this is an experimental device which uses a FREQUENCY GENERATOR which produces an electromagnetic field between the plasma tube generators. I understand that it is provided for information and research purposes only, and is NOT intended to be a treatment device. I understand that the immediate and lasting effects are unknown, and that the device has not been approved or evaluated by the FDA. None of the products listed or mentioned should be used as a substitute for medical advice, or to diagnose, treat, prevent, or cure any illness. I understand CLEARLY that this device is not intended to treat, diagnose, or cure any condition, and is a frequency device, not a treatment device. No therapeutic claims whatsoever can be or are intended or made for any aspect of the Theraphi device.
- I understand that the location in which I receive this session is not connected or liable in any way whatsoever with the device or the session, and release any and all individuals involved from any and all liability resulting from this voluntary session.
- I have had the opportunity to ask questions, and have been made no guarantees or assurances as to the possible outcomes or results of this voluntary session.
- I testify that I am 18 years of age or older and that I am participating in a session with the Theraphi device completely voluntarily, and at my own request. I have read the above and agree
- I further understand that Theraphi Therapy should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that Theraphi Therapy is not intended to diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because Theraphi Therapy should not be performed under certain medical conditions and circumstances, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

Client signature: _____

Date: _____

If the client is less than 18 years old, the Client's parent and natural guardian hereby represents that he/she is, in fact, acting in that capacity, has consented to his/her child or ward's availing of the services of Conscious Living Physical Therapy, and has agreed individually and on behalf of the child or ward, to the terms of this "Informed Consent and Wavier". The undersigned parent or guardian further agrees to save and hold harmless and indemnify Conscious Living Physical Therapy and its entire staff from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon Conscious Living Physical Therapy and David Kalen DPT, relating to any services, on behalf of the Client and all of the Client's parents or legal guardians.

Consent to Treatment of Minor: By my signature below, I hereby authorize Conscious Living Physical Therapy to administer Theraphi Therapy to my child or dependent as they deem appropriate.

Signature of Parent or Guardian: _____

Date: _____