

INFORMED CONSENT



Date: _____

Name: _____ Birthday: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Main Condition Seeking Treatment:

Secondary Condition (If any) : _____

Allergic to Latex: Yes No Don't Know

Allergic to Nickel: Yes No Don't Know

Health History: Please circle and note any conditions you know you have

High Blood Pressure Low Blood Pressure Pacemaker _____

Diabetes Respiratory _____ Neuropathy _____

Neck or Shoulder Pain Hip/Leg Pain _____ Arthritis _____

Sleep Challenges Anxiety /Depression / PTSD Female / Male Hormonal Issues

Digestive/Stomach Issues (explain) _____

Back Pain (where is it usually located?) _____

Headaches (where are they usually located?) _____

Autoimmune Disease Not Listed: _____

Other Conditions Not Listed: _____

IONIC FOOT SPA USERS ONLY: Any open sores on feet/ankles? Yes No

Are you planning to become pregnant? _____ Currently pregnant? _____ Trimester _____

Surgeries? _____

Medications Taken Regularly:

**Please initial beside each paragraph stating that you have read and understand our policy.
If you have questions, please ask your therapist before initialing.**

I, _____ voluntarily request and consent to receive Auriculotherapy, elective electrical ear stimulation, Reiki, Access Consciousness Bars or Ionic Foot Spa services from Soul Points and that no guarantees are made as to the effects or results of these services.

_____ I understand that if I have any listed medical conditions, symptoms or medicines that may be contraindicated for Auriculotherapy at this time, a referral from my primary care physical may be required prior to services being provided if the practitioner feels it is necessary and that these modalities are aids in balancing my energy and to possibly alleviate my symptoms and improve my general wellness.

_____ I understand that the Auriculotherapy/EarSeed, Reiki, Access Bars or Ionic Foot Spa services that I receive are provided for the basic purpose of bringing homeostasis, or balance, back to my body, and helping to alleviate some immediate pain or stress associated with my current condition(s) and to bring about balance and ease.

_____ I understand that Auriculotherapy, Energy therapy and the Ionic Foot Spa are not a substitutes for a medical examination, diagnosis or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any physical or mental ailment that I am aware of.

_____ I understand that Auriculotherapy practitioners and Energy practitioners are not qualified to perform any kind of diagnostic services, prescribe, or treat mental illness, and that anything said during the session should not be construed as such. However, I may be made aware of concerns that the practitioner notices upon visual or palpation of my ears, and suggests seeking medical consultation and treatment if necessary.

_____ I affirm that I have stated all known medical conditions and answered all questions honestly.

_____ I agree to keep my practitioner updated as to any changes in my medical profile, and understand that there shall be no liability on the practitioners part should I forget to do so.

_____ I understand that unusual risks of EarSeeds include but are not limited to, itching, inflammation to the seed site, temporary indentation or the rare instance of an EarSeed dislodging or falling into the ear in which a saline wash performed by my doctor would be recommended to remove it if it doesn't fall out on it's own.

_____ I agree that results may vary from person to person and results are not guaranteed.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent to treatment, have been told about the risks and benefits of ear seeds and auriculotherapy procedures, and have had an opportunity to ask questions. I intend this consent to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment

Printed name: _____ Signature _____

Parent/Guardian if minor: _____ Signature _____

Date: _____