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INFORMED CONSENT FOR VIRTUAL ENERGY OPTIMIZATION THERAPY

What is a Virtual Energy Optimization Therapy?

Our **virtual Energy Optimization** sessions offer a unique, non-invasive way to assess and support your body's energy balance, even from the comfort of your home. Using advanced technology, these remote sessions can help you address a range of concerns, such as stress, fatigue, mental clarity, and physical well-being.

How Our Virtual Sessions Work

Our virtual Energy Optimization sessions are conducted via a secure Zoom meeting. During the session, we connect face-to-face in real-time, guiding you through the process while the device works remotely to assess your body's energetic responses.

What to expect from an Energy Optimization session?

Our virtual system works on the energetic level, meaning physical proximity is not necessary for conducting the session effectively. Through this technology, we can measure and correct subtle imbalances in your body's energy fields, supporting relaxation, clarity, and wellness—no matter where you are.

Energy Optimization therapy is non-invasive. It is important to notify the practitioner if your medical history changes such as becoming pregnant or if you have been diagnosed with an unexpected medical condition.

Please check or circle one of the multiple options in a line if you have or have had any of the following:

ACNE / ECZEMA / PSORIASIS / DRY SKIN	DIFFICULTY SWALLOWING	INFERTILITY / MISCARRIAGE
ALLERGIES	ENDOMETRIOSIS	KIDNEY PROBLEMS
ARTHRITIS	EMPHYSEMA	LIVER PROBLEMS
ATHEROSCLEROSIS	EPILEPSY	LOW IMMUNE SYSTEM =>FREQUENT INFECTIONS
ASTMA	ELEVATED CHOLESTEROL	MEMORY IMPAIRMENT / INABILITY TO CONCENTRATE
BIRTH DEFECTS	EYELID SWELLING (PUFFY EYES)	MOOD CHANGES / IRRITABILITY
BRITTLE NAILS	ENDOCRINE PROBLEMS	MIGRAINES / HEADACHES
BRONCHITIS	FLUID RETENTION	MONONUCLEOSIS / OTHER CHRONIC INFECTIONS
CANCER	GLAUCOMA / CATARACT	MUSCLE LOSS / MUSCLE WEAKNESS / MUSCLE CRAMPS
CHRONIC FATIGUE / FATIGUE / APATHY	GOUT	(PRE)MENSTRUAL PROBLEMS PAIN / IRREGULAR / FLOW CONCERN
CONSTIPATION	HAIRLOSS	OSTEOPOROSIS
COLD INTOLERANCE COLD HANDS AND FEET	HOARSENESS	THROAT PAIN
CYSTIC BREASTS	HERNIA	STROKE
CYSTIC OVARIES	HERNIATED DISK	UNDERWEIGHT / OVERWHEIGHT
DEPRESSION / ANXIETY / NERVOUSNESS	HYPOTENSION / HYPERTENSION	OTHER:
DIABETES		

Family History: Please indicate if any family members have had any of the following medical problems and if so who:

DIABETES	HEART DISEASE	ALCOHOL PROBLEMS
HYPERTENSION	HEPATITIS / LIVER DISEASE	MENTAL / EMOTIONAL PROBLEMS
STROKE	CANCER	OTHER:

