NES miHealth Consent and Intake Form

PERSONAL

Name _____ Date of Birth _____

Address _____ City/State/Zip _____

Home Phone _____ Cell _____ Email _____

Emergency Contact Name _____

Emergency Contact Phone _____

How did you hear about Kelly Brink LLC? _____

HEALTH (use back side, if needed)

Please fully describe any health problems for which you seek help through a miHealth session:

_____

If you have been treated by a physician or other healthcare professional for this complaint (s) please list physicians/practitioner, dates of treatment, outcomes, and any other pertinent treatment information _____

_____

Do you have any metal (such as joint replacements, plates, screws or bolts or metal implants) in your body currently? Y/N If so, please explain _____

_____

Do you have a pacemaker, insulin pump, or pain medication pump? Y/N If yes, please explain

_____

Female Clients: Are you pregnant or is there any chance you could be pregnant and not yet know it? Y/N If yes, how far along are you? _____

Do you have any known food or drug allergies? Y/N If yes, explain _____

_____

Have you had an organ or tissue transplant? Y/N If yes, explain _____

Are you on immune suppressant medication? Y/N If yes, explain _____

Have you ever had a seizure? Y/N if yes, explain _____

Are you taking any medications or undergoing any procedures that could conceivably be affected by electro-stimulation or pulsed electromagnetic fields? If so, please explain _____

_____

Consent and Waiver

1. I fully understand that Kelly Brink LLC practitioners are not physicians and do not portray themselves to be. They are health & wellness coaches trained in biofeedback and bioenergy scanning.

2. I fully understand that Kelly Brink LLC do not prescribe drugs or supplements. They do not diagnose disease or prescribe medical treatments for any disease or illness.

3. I fully understand that the NES miHealth is an electro-stimulation and pulsed electromagnetic field technology that also contains bioenergetics data programmed into the device and that this device may be used on the body or off the body based up the judgment and training of the Kelly Brink LLC practitioner.

4. I fully understand that **there are contraindications** for using the miHealth that include, but are not limited to, pacemakers, metal joint replacements or plates, and other conditions a person may have for which the miHealth may not be appropriate for use. I certify that I have fully and honestly disclosed all conditions and answered all health-related question on this intake form and from the Kelly Brink LLC practitioner.

5. I fully understand that **there are contraindications** for using Infoceuticals that include people with organ transplants, or if on treatment to intentionally try to suppress the body's natural healing process. In this case you should not use Infoceuticals, they could counter the intentions of the treatment plan of your medical provider.

6. I fully understand that Kelly Brink LLC accepts no responsibility and has no liability if I have not fully or truthfully disclosed any health condition that may impact the appropriate and safe use of miHealth.

7. I fully understand that Kelly Brink LLC accepts no responsibility and has no liability if I choose to self-administer or apply information given to me by a Kelly Brink LLC practitioner about my bioenergy, whether to address a bioenergetic or an allopathic condition I may have.

By signing below, I acknowledge that I have read and understand all parts of this waiver, that I consent to these conditions, and that I have had the opportunity to ask questions regarding the services or therapies offered by Kelly Brink LLC.

Name Printed _____

Signature: _____ Today's Date: _____

Name of Practitioner: _____

- KELLY BRINK LLC
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