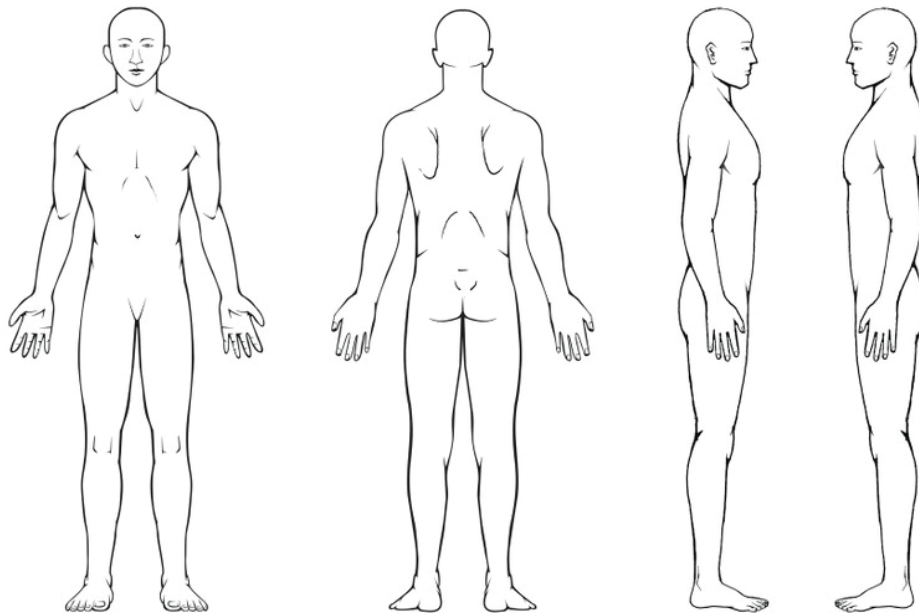


INITIAL PEMF SESSION QUESTIONNAIRE



Shade any areas you are experiencing pain

I am **Male I Female I Prefer Not to Answer**

I have a pacemaker **Yes I No**

I have a defibrillator **Yes I No**

I have and use hearing aids **Yes I No**

I have and use an insulin pump **Yes I No**

~ If yes can it be removed? Yes I No

I am pregnant **Yes I No**

*I am breastfeeding **Yes I No**

I have high blood pressure **Yes I No**

I have low blood pressure **Yes I No**

I have a history of light-headedness, dizziness or fainting that has not been diagnosed by my PCP **Yes I No**

I have or have had cancer **Yes I No**

~ If yes what was the diagnosis?

~ If you are in remission, how long have you been in remission?

I am currently undergoing chemotherapy **Yes I No**

My chemotherapy treatments are scheduled to end _____ **N/A**

My last chemotherapy treatment ended _____ **N/A**

I have had an organ transplant **Yes I No**

I have had surgery resulting in the placement of metal implants **Yes I No**

~ If yes where?

I have a PCP **Yes I No**

~ List any other wellness or alternative therapies you are participating in

List any other medical conditions and/or surgeries

PLEASE READ AND INITIAL THE FOLLOWING, AND SIGN BELOW:

_____ I consent to let my practitioner and Aura Wellness use my photo for marketing and training purposes.

_____ I understand that this Aura Wellness session is not a replacement for medical care and that no diagnosis will be made

_____ I understand that if I have a pacemaker, defibrillator, am pregnant or have any implanted device with a battery that cannot be removed I do not qualify for Aura Wellness sessions.

Printed Name _____

Signature _____