



TRANZEN

CONSENT TO RECEIVE QUANTUM BIOFEEDBACK TRAINING FROM BRENT MUSSELMAN

I understand Brent Musselman is **not licensed** as a chiropractor, counselor, medical doctor, psychologist or psychotherapist and does not portray himself as such.

I understand, he will not diagnose, evaluate, treat, cure, mitigate or prevent any nutritional, medical or psychological disease, disorder or condition.

I further understand he will not advise, recommend, suggest or counsel me on any medical, dietary, emotional or psychological treatment, condition, disorder or disease of any kind.

I further understand it is my responsibility to continue my medications and remain under the care of my primary physician.

CREDENTIALS

I understand Brent Musselman is a certified **Quantum Biofeedback Specialist** with the Board of Natural Therapies. (Brent Musselman is a certified Wellness Lifestyle, Relaxation\Meditation\Stress Management, and Strength Specialist) and he will train me with biofeedback for relaxation and muscle re-education so I can learn to reduce my stress, manage my pain, and improve the quality of my life. I further understand that he will refer me to qualified experts for any other concerns I have about my health and wellness.

SCOPE OF BIOFEEDBACK PRACTICE

I understand the intended purpose of biofeedback training is for relaxation and muscle re- education so I may learn to:

- 1) Reduce my stress,
- 2) Manage my pain and overall wellness, and/or
- 3) Improve the quality of my life.

I understand biofeedback training is generally considered safe, but it is possible that biofeedback may exacerbate some emotional problems or I may become drowsy, at least temporarily, during the biofeedback training sessions. Other potentially harmful side effects not yet reported may occur. I agree to advise Brent Musselman anytime I feel any side effects, so corrective steps may be taken to alleviate my discomfort.

I further understand biofeedback is not a substitute for effective standard medical, chiropractic or psychotherapy treatment or veterinary treatment for my pet. Brent Musselman has advised me to continue ongoing medical treatment and therapies until otherwise advised by my psychotherapist, physician or medical practitioner. I understand it is important for me to stay in close communication with my physician. I further understand it is my responsibility to ask my medical doctor for permission to undergo biofeedback training if I wear a pacemaker or have any medical condition that may be exacerbated by relaxation.

Name: _____

Signature: _____ Date: ____/____/____