**Essence Vitality**

780.868.5227 [info@essencevitality.com](mailto:info@essencevitality.com) [www.essencevitality.com](http://www.essencevitality.com)

***PEMF (pulsed magnetic therapy) INFORMATION FORM***

|  |  |
| --- | --- |
| Name: | Birth Date (mm/dd/yy): |
| Address (Street): | Age: |
| (City): | Best Phone #: |
| (Province):  (Postal Code): | Email Address: |
| Occupation: | Permission to Email (Yes or No): |
| Referred By: | Marital Status: |
| Health (Excellent, Good, Fair, Poor): | Children #: |
| Have you had any recent illnesses, accidents, injuries, or hospitalizations (Yes or No): | If yes, please specify: |
| \*Have you received any vaccine (within the last 10 weeks)?  \*The Flu Vaccine (specifically) (within the last 10 months)?  \*Or chemo and/or radiation therapy (within the last 2 years)? | [ ]Yes or, [ ]No If yes, when:\_\_\_\_\_\_\_\_  [ ]Yes or, [ ]No If yes, when:\_\_\_\_\_\_\_\_  [ ]Yes or, [ ]No If yes, when:\_\_\_\_\_\_\_\_ |
| \* Please refrain from booking any appointment with Essence Vitality, due to those who are severely immune-compromised or sensitive, if: (1) you have been recently vaccinated (3 months from time of last vaccination, applies to all vaccines, excluding flu shot/influenza vaccination; (2) you have received the flu shot/influenza vaccination (10 months from time of last vaccination); (3) you are receiving or have received chemo and/or radiation therapy within the last two years (an alternate practitioner referral will be given). | |
| Emergency Contact Name: | Contact Phone: |

***AUTHORIZATION***

I hereby state that I have read, understand and agree to this Release Statement, that it is an informed release and that I intend to be legally bound by it.

* I am NOT pregnant.
* I have NO pacemaker, or other implanted stimulators, or devices.
* I have REMOVED ALL items that could be demagnetized from my person prior to the PEMF session.
* I know that this is not FDA or HEALTH CANADA approved to cure any disease or condition.
* I understand that this is a magnetically induced exercise assist device that is an integral part of a TOTAL Exercise/Detox Program that I wish to undertake to improve my health.
* I have authorization from my medical doctor to use the magnetic pulse generator. If I choose not to get authorization from my medical doctor to use the magnetic pulse generator, I understand that Essence Vitality Wellness & Coaching Inc. and its staff are not responsible in any way for the aggravation of any conditions.

I have completed the information on this form to the best of my knowledge. I understand that although PEMF sessions are beneficial, it is not to be mistaken for a medical procedure nor to take the place of a medical doctor’s care. No one has made any representations or claims to me of any treatment or cure of any disease or condition. I release from all general, medical, and any other liability or claims of any kind and I indemnify and hold harmless the magnetic pulse generator, the manufacturer, distributor, dealer and any of their employees or agents, and Essence Vitality Wellness & Coaching Inc. Monique and/or Russell Bilodeau-Nestmann from any claim arising from or related to my use of the magnetic pulse generator. I authorize Monique Bilodeau-Nestmann and/or Russell Bilodeau-Nestmann to provide PEMF sessions to myself or the minor listed on this page.

Any information exchanged before, during or after a PEMF session is for the purpose of providing the best possible service and will be kept confidential. Essence Vitality Wellness & Coaching Inc. and Monique and/or Russell Bilodeau-Nestmann are not responsible for the aggravation of conditions for which I had been medically advised against receiving PEMF sessions for which I did not disclose.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

***CONSENT TO CARE FOR MINOR***

I hereby give consent to this office for the care of the above mentioned minor (under 18 years old). I allow permission for the above mentioned minor to receive PEMF sessions.

Signature of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_