

ESSENCE VITALITY WELLNESS & COACHING INC.

780.868.5227 info@essencevitality.com www.essencevitality.com

PULSED ELECTROMAGNETIC FIELD (PEMF) THERAPY CLIENT INTAKE FORM

Today's Date: _____

First Name: _____ Last Name: _____

Apt/Suite #: _____ Street Address: _____

City: _____ Province: _____ Postal Code: _____

Birth Date (mm/dd/yyyy): ____/____/____ Age: _____ Best Phone Number: _____

Email Address: _____ Permission to Email: YES NO

Marital Status: _____ Number of Children: _____

Health (Excellent, Good, Fair, Poor): _____

Primary Reason/Chief Complaint for booking Pulsed Electromagnetic Field (PEMF) Therapy appointment(s):

Have you had any recent illnesses, accidents, injuries, or hospitalizations? YES NO If Yes, please specify:

Pulsed Electromagnetic Field (PEMF) Therapy is contraindicated in specific conditions. Please answer the following questions/statements:

I am pregnant: YES NO I have a pacemaker, or other implanted stimulators, or devices: YES NO

Important Special Circumstances: Please refrain from booking any appointment with Essence Vitality Wellness & Coaching Inc., due to those who are severely immune-compromised or sensitive, if:

- you have been recently vaccinated (*10 weeks from time of last vaccination, applies to all vaccines, excluding flu shot/influenza vaccination*)
- you have received the flu shot/influenza vaccination (*10 months from time of last vaccination*)
- you are receiving or have received chemo and/or radiation therapy within the last two years (*an alternate practitioner referral will be given*)

Have you received any recent vaccinations (excluding the flu shot/influenza vaccination)? YES NO

If Yes, when: _____

Have you received the flu shot/influenza vaccination this year? YES NO If Yes, when: _____

Are you/have you received chemo/radiation therapy within the last two years? YES NO

If Yes, when: _____

Emergency Contact: _____

Emergency Contact Relationship: _____ Emergency Phone: _____

Referred by: _____

AUTHORIZATION FOR PULSED ELECTROMAGNETIC FIELD (PEMF) THERAPY

(This authorization form is to be signed and witnessed only at PEMF consultation appointment.)

I have completed the information on this form to the best of my knowledge. I understand that although pulsed electromagnetic field (PEMF) therapy 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, including Monique C. Bilodeau-Nestmann and/or Russell A. Bilodeau-Nestmann (Certified PEMF Practitioners) and Essence Vitality Wellness & Coaching Inc., and its owners or staff, has made any representations or claims to me of any kind that PEMF therapy is for the treatment, cure or mitigation of any symptoms, diseases or conditions. I release from all general, medical, and any 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 Monique C. Bilodeau-Nestmann and/or Russell A. Bilodeau-Nestmann (Certified PEMF Practitioners), Essence Vitality Wellness & Coaching Inc., and its owners and staff, from any claim arising from or related to my use of the magnetic pulse generator (PEMF therapy). I authorize Monique C. Bilodeau-Nestmann and/or Russell A. Bilodeau-Nestmann (Certified PEMF Practitioners) and Essence Vitality Wellness & Coaching Inc., and its owners or staff, to provide PEMF sessions to myself or the minor listed on this page.

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

Print Name: _____ Date: _____

Signature: _____

Practitioner Signature: _____ Date: _____

CONSENT TO CARE FOR MINOR

I hereby give consent to Monique C. Bilodeau-Nestmann and/or Russell A. Bilodeau-Nestmann (Certified PEMF Practitioners) for the care of the mentioned minor (under 18 years old). I allow permission for the mentioned minor to receive PEMF therapy sessions.

Parent Name (Print): _____ Date: _____

Signature: _____

Practitioner Signature: _____ Date: _____

If you understand and agree for yourself, or the minor (under 18 years old) listed on this page, please initial the following informed release statements for receiving Pulsed Electromagnetic Field (PEMF) Therapy:

I have removed all items that could be demagnetized from my person prior to the PEMF session. _____

I know that this (PEMF) 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 Monique C. Bilodeau-Nestmann and/or Russell A. Bilodeau-Nestmann (Certified PEMF Practitioners), and Essence Vitality Wellness & Coaching Inc., its owners and staff, are not responsible in any way for the aggravation of any conditions. _____