



PERFORMANCE PHYSICAL THERAPY

MICROCURRENT CHARGING CONSENT

“BIO ELECTRICAL FITNESS”

I, _____ authorize Performance Physical Therapy to administer these microcurrent sessions for my electrical fitness and overall wellness. I understand the benefits of being electrically fit may have effects of pain relief if applicable, stress reduction, and relaxation. The equipment used has been approved by the FDA as a TENS unit-type device for therapeutic use modalities.

I understand that a microcurrent charging session involves the use of a tiny amount of electrical current (one-millionth of an ampere) applied to the body. I understand that there is no implied or stated guarantee of success from this session. Some people may not be able to receive microcurrent treatment, including women who are pregnant and patients with pacemakers.

_____ I am not currently pregnant.

_____ I do not have a pacemaker.

I recognize that microcurrent treatment has potential risks and potential benefits. These risks and benefits are as follows:

Potential Risks: Microcurrent treatment has a history of safety, and side effects are uncommon. If they do arise, they typically start about 90 minutes after treatment and last a few minutes to a few hours. Side effects are similar to any use of electrical media when applied to the body, such as Ultrasound, EKG, or having a massage. These include irritation to the site of stimulation, soreness, nausea, and dizziness.

Potential Benefits: Microcurrent charging sessions are painless, increase the speed of recovery, and often promote healing in conditions that have not responded to other treatments. Microcurrent sessions can relieve pain syndromes and induce a greater sense of well-being. The effects are long-lasting and occur without the side effects of pharmaceutical drugs.

I hereby release Performance Physical Therapy from all liability in connection with the microcurrent treatment I receive. I understand that I am free to discontinue sessions at any time.

Print name: _____

Signature: _____

Date: _____

Parent Signature (if under 18): _____