

Name \_\_\_\_\_ date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

May we leave a text or voice message at this number ? \_\_\_\_\_

*Photobiomodulation therapy, PEMF therapy, Brain entrainment, Alpha Stim, Crown, Omni PEMF, Bioacoustic Bed Consent form*

\_\_\_\_\_ I understand that the above devices have been tested for use for clients experiencing a variety of symptoms. Some of the symptoms that the devices have successfully reduced are anxiety, depression, ADHD, malaise, insomnia. These devices are currently seen as wellness devices. If I have any questions regarding the devices, I am able to ask the staff prior to using the spa/devices. I will not use the device until I feel comfortable that all of my questions have been answered.

\_\_\_\_\_ I advise that I do not have any contraindications for using a photobiomodulation device or Pulsed Electromagnetic frequency devices or any of the above listed devices.

The conditions that I do NOT have concern include:

Medications that cause light sensitivity

Open wounds

Tuberculosis

Acute viral or infections

Seizures

Eye disease

Pregnancy

Pacemaker

Any form of electrical implant

Implanted defibrillators

Organ transplant patient

\_\_\_\_\_ I understand that reactions for those with no contraindications are rare but include redness or irritation.

\_\_\_\_\_ I certify that I am a mentally competent adult able to make decisions about my health.

\_\_\_\_\_ I understand that I am able (and encouraged) to leave at any time and if I am uncomfortable. I am free to leave, carefully, making sure that I am alert. I agree to talk to staff if I have any concerns before or after treatments. I also understand that by signing this form I am holding The Wave Mind Spa, Mary Escudie, LMHC, Bay Area Mediations and any person working at the establishment harmless and nameless for any liability that may result due to the treatment.

\_\_\_\_\_ I recognize that I am making the decision to engage in this treatment of my own free will and that I am 18 years old or older or that my parents are consenting on my behalf.

I also understand that this is a spa and not a hospital or urgent care facility. We are here to provide self care, reduction of stress and various functions but we do not claim to be medical doctors or claim to “cure” medical illnesses.

Client name printed \_\_\_\_\_

Client signature \_\_\_\_\_

Witness \_\_\_\_\_