

Michelle Smith, Quantum Advanced Healer
Certified as, Quantum Biofeedback Specialist, CHIOS Master Teacher,
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INFORMED CONSENT FOR BIOFEEDBACK TRAINING

MY BACKGROUND

I have been in the wellness field for over 40 years. I hold current certifications in biofeedback training, body work teaching, energy healing teaching; health coaching in lifestyle, exercise, attitudes and nutrition. I also include essential oils, foot detoxing and other modalities into my practice. My personal philosophy is to partner with my clients to give them all of the information to make educated decisions on their personal goals and to help guide them to reach those goals.

I am not licensed as a physician, psychologist or chiropractor and I cannot and will not diagnose, treat, cure, mitigate or present a medical or physiological disease, disorder or condition.

BIOFEEDBACK

Biofeedback is a complementary and alternative medicine technique which enables an individual to learn to change some physiological activities for the purpose of improving health. With biofeedback the subject is connected to the biofeedback through sensors to measure and receive information (feedback) about the body (bio). The biofeedback sensors use mild electrical impulses that measure skin temperature known as Electro Dermal Response (EDR), which teaches the individual to make subtle bodily changes such as relaxing certain muscles to achieve desired results. such as reducing pain. Biofeedback is often used as a relaxation technique.

The device utilized in the training sessions is called the QUEX biofeedback system which requires that the client connect to the system with a head band, ankle and wrist straps measuring EDR.

The scope of my practice through the use of this biofeedback system includes stress reduction training programs for relaxation training, pain management, muscle re-education and brainwave training. Although this training is expected to produce beneficial results, such results cannot be guaranteed. Biofeedback training is a complement, not a substitute for medical or psychological treatment, and any ongoing treatment should not be discontinued without advice of your treating physician.

CONFIDENTIALITY

Client information will be kept in confidence and will not be disclosed to anyone without your written consent, unless as is required by law.

CONSENT

Your signature below indicates that you have read and understood the information in this document and that you consent to biofeedback training under the provision stated. If you do not understand or consent to anything stated in this document, it is your responsibility to request and receive clarification before signing.

Client Signature _____ Client Name _____ Date _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Cell _____ e-mail _____

Date of birth _____ Place of birth _____ Time of birth _____