



Heavenly Hollow BIOMAT “Heavenly’s Jewel”

Intake Form

Client Intake Form Name: _____

Phone: _____ Address: _____

Apt/Suite: _____ City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Emergency Contact: _____ Phone: _____

The following information is used to determine the temperature setting of the Biomat. Please mark the correct area for any conditions that you currently have or have had in the past:

- | | | |
|--|--|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Stiffness | <input type="checkbox"/> Insensitivity to Heat |
| <input type="checkbox"/> Bone/Joint Injury | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Adrenal Suppression Disorders |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Tendonitis | <input type="checkbox"/> Systematic Lupus Erythematosus |
| <input type="checkbox"/> Lower Back/Hip Pain | <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Cancer (doctor recommendation required) |
| <input type="checkbox"/> Heat Sensitive MS | <input type="checkbox"/> Head Injuries | <input type="checkbox"/> Recent and Acute Joint Injury (must wait 48 hours before using) |
| <input type="checkbox"/> Muscle Spasm | <input type="checkbox"/> Skin Sensitivity | |
| <input type="checkbox"/> Silicone Implants | <input type="checkbox"/> Addison’s Disease | |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Multiple Sclerosis | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Adrenal Insufficiency | |

If you currently have any of the following medical conditions Biomat sessions are not recommended for you.

- | | | |
|---|---|--|
| <input type="checkbox"/> Current Pregnancy | <input type="checkbox"/> Brain Tumor | <input type="checkbox"/> Use of blood thinners such as Coumadin |
| <input type="checkbox"/> Organ Transplant | <input type="checkbox"/> Seizures | <input type="checkbox"/> Conditions requiring use of muscle relaxers |
| <input type="checkbox"/> Blood Clot | <input type="checkbox"/> Renal Failure | <input type="checkbox"/> Open wounds or near thin skin |
| <input type="checkbox"/> Pacemaker/Defibrillator/
Bypass Surgery | <input type="checkbox"/> Heart Condition
(monitor heat only) | <input type="checkbox"/> Fever |
| <input type="checkbox"/> Hemophilia | | |

Please list any medications you are currently taking: _____

Heavenly Hollow Client Liability and Release Form

By signing this waiver, I acknowledge that Julie Walsh or Cassie Walsh from Heavenly Hollow are not listed as a medical physician and do not practice medicine. I understand that the Biomat treatment from Heavenly Hollow I receive is provided for the basic purpose of relaxation and relief of muscular tension, anxiety or stress/fatigue. If I experience any pain or discomfort during the session, I will immediately stop the Biomat session. I further understand that Biomat treatments should not be construed as a substitute for medical examination, diagnosis, or treatment. The information I provided on the client intake form is true and correct to the best of my knowledge. I agree to keep Heavenly Hollow, Heavenly Hollow Distribution, Julie Walsh or Cassie Walsh updated as to any changes to my medical profile, and I understand there will be no liability for Heavenly Hollow, Heavenly Hollow Distribution, Julie Walsh or Cassie Walsh if I fail to do so. I release Heavenly Hollow, Heavenly Hollow Distribution, Julie Walsh or Cassie Walsh of any, and all liability. I acknowledge that by signing this form **"I have read the Liability and Release Waiver and I accept"**

Disclaimer: The information provided on our paperwork or website is not intended to cure, diagnose, give advice on, or treat any medical condition. Please consult with a physician before use of this product. These products are not intended to diagnose, treat, cure or prevent any disease. Heavenly Hollow assumes no responsibility for the improper use of its products or for a user's self-diagnosis and/or treatment using its products. This product should not be used as a substitute for medically supervised therapy. If you suspect you suffer from clinical deficiencies, consult a licensed, qualified medical doctor. Users and customers who fail to consult their physicians prior to the use of any product assume the risk of any adverse effects incurred. *PEMF is FDA approved to treat signs of depression, promote proper bone healing, and reduce discomfort in joints.*

Client Signature: _____

Current Date: _____