



Patient Consent form

Name-----

Address-----

City, Postal Code -----

Contact (email/phone) -----

- I am over the age of 18 Initial:
- I do not have a pacemaker or any other electronic implanted device (heart disease). Initial:
- I am not pregnant Initial:
- I have not been diagnosed with Epilepsy or any other seizure related disorder Initial:
- All electronic devices, metal, cell phones, watches, jewellery, credit cards, hearing aids, keyless entry and other electro sensitive materials will be removed before PEMF therapy. Initial:

The therapeutic contributions of PEMFs are well-documented across a variety of health issues. PEMF therapy is complimentary to and enhances any allopathic, naturopathic, homeopathic, massage, chiropractic, physiotherapy - injury and disease recovery and works alongside and with all holistic and medical practices and treatments. The human body is designed to be healthy. PEMF therapy stimulates the various functions of the body at the cellular level onward so that the body can better support and heal itself. Once therapy has commenced, the order of healing will follow the body's own wisdom, that is, what issues and symptoms will be addressed and when. Some people describe healing processes as working through layers like that of 'an onion'. While PEMF therapy does not cure disease, it is known to strengthen and improve circulation, athletic recovery, muscle/joint injury, and the immune system and promotes overall health and well-being.

DISCLAIMER: PEMF therapy does not cure cancer or illness. If you have a medical condition you must go to and be under the care of a medical doctor. No medical claims, diagnosis, promises of results, insinuations of 'treatment' or 'cure' are being represented. No medical advice, instruction or information has been or will be given ever.

I have read the above disclaimer. By signing below I agree to undergo PEMF therapy understanding that I do so at my own will.

PEMF Therapy Recipient-----Date-----

Witness Signature-----Date-----