Neuromuscular Electrical Stimulation (NMES) Application

Client Consent, Medical Disclosure, and Liability Waiver

(For Practitioner-Administered Use)

Facility/Business Name: _____

Practitioner Name: _____

Client Name: _____

Date of Birth: _____

Date of Application: _____

1. Description of Application

I understand that the practitioner or staff member of the above-named facility will apply a Neuromuscular Electrical Stimulation (NMES) device to my body as part of a wellness, fitness, or performance service.

I acknowledge that:

- The NMES device delivers electrical impulses to stimulate muscles and sensory nerves.
- The device will be applied, positioned, and operated by a trained practitioner or staff member.
- Electrode placement, intensity, and duration will be determined by the practitioner based on professional judgment and my responses during application.

2. Medical Disclosure (Required)

I certify that I have fully and truthfully disclosed my medical history and current health conditions. I understand that failure to disclose relevant conditions may increase the risk of adverse reactions.

Please initial if you have of have been diagnosed with any of the following:

____ Cardiac pacemaker or implanted electrical device

____ Heart condition or cardiovascular issues

____ Epilepsy or seizure disorder

____ Cancer or suspicious lesions

____ Skin sensitivities, irritation, or reduced sensation

____ Bleeding disorders or tendency to hemorrhage

____ Chronic medical condition not listed: _____

3. Contraindications Acknowledgment

I understand that NMES application should NOT be applied if I have a cardiac demand pacemaker or certain implanted electrical medical devices that cannot be turned off during the use of the NMES device. I confirm that I have informed the practitioner if this applies to me.

4. Safety Warnings Acknowledgment

I understand and agree to the following safety conditions:

- Electrical stimulation will not be applied over the front of the neck, throat, or carotid sinus.
- Stimulation will not be applied across on the head or through the chest over the heart.
- Stimulation will not be applied over swollen, infected, inflamed, or irritated skin.
- Stimulation will not be applied over or near cancerous lesions.
- The long-term effects of chronic electrical stimulation are not fully established.
- Safety of NMES for use during pregnancy has not been established.

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These warnings are consistent with federal safety guidance for powered muscle stimulators.

5. Practitioner-Directed Application

I acknowledge and agree that:

- The NMES device will be operated solely by the facility's practitioner or trained staff.
- I will follow all instructions given during the session.
- I will immediately notify the practitioner of any pain, discomfort, dizziness, burning sensation, or unusual reaction.
- The practitioner may stop or modify application at any time for safety reasons.

6. Potential Risks and Adverse Reactions

I understand that possible risks and side effects may include, but are not limited to:

- Skin irritation or redness
- Muscle soreness or fatigue
- Discomfort during stimulation
- Hypersensitivity to electrodes or conductive mediums
- Rare risk of skin irritation or burns beneath electrodes

I understand that individual responses to electrical stimulation vary.

7. Assumption of Risk

I acknowledge that:

- I am voluntarily receiving NMES application administered by the facility.
- I have had the opportunity to ask questions prior to the application.
- I understand the nature, purpose, risks, and limitations of NMES application.
- No guarantees or warranties have been made regarding results.

I voluntarily accept and assume all risks associated with practitioner-administered NMES application.

8. Release of Liability

To the fullest extent permitted by law, I release, waive, and hold harmless the facility, its owners, practitioners, employees, contractors, device manufacturers, and affiliates from any and all claims, liabilities, damages, injuries, or losses arising from or related to NMES application, except in cases of gross negligence or willful misconduct.

9. Consent to Application

By signing below, I confirm that:

- I have read and understood this document in full.
- I have disclosed all relevant medical information.
- I voluntarily consent to NMES application administered by the practitioner or staff of this facility.

Patient Signature: _____

Date: _____

Practitioner Signature: _____

Date: _____