

BIOFEEDBACK WAIVER CONSENT FORM

DISCLAIMER

I understand that the attending practitioner is not a doctor and does not portray herself to be, but is providing biofeedback services. I understand the biofeedback procedures utilised include stress reduction protocols, relaxation techniques and pain management. I fully understand that the attending practitioner does not offer allopathic drugs, surgery, chemical stimulants or any other conventional treatments. In addition, I understand she will not diagnose, or otherwise prescribe for my disease condition or illness, or perform any act that would constitute the practice of medicine for which a license is required.

CONSENT

I have solicited the attending practitioner's services in good faith, exercising my free will and following the dictates of my own conscience, which allows me to select what I understand is most beneficial to my health. I am fully aware and release the attending practitioner to run biofeedback stress reduction protocols. By signing below, I acknowledge that I have read and understand all parts of this waiver, that I had the opportunity to ask questions with regard to the described procedures and that I hereby affirm:

I am not here for medical diagnostic or treatment procedures. I am here on this and any subsequent visit solely on my behalf. I presently seek biofeedback and other programs within the scope of the attending practitioner for stress reduction, relaxation and pain management.

Name: _____

Date: _____ Signature: _____

Address: _____

Cell Number: _____

Email Address: _____