

BIOENERGETIC HEALTH

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ElectroPhysio-Reactivity & Bio-Energetics Health Care Wellness Consultation Waiver

BioEnergetic Testing provides an opportunity to measure electrical responses & flows of meridians of the body. Evaluation of the flow of energy gives a window to the body's needs by identifying stressors, focal disturbances & other substances that impede the electrical process. The evaluation may include recommendations for homeopathic remedies, stress reduction methods designed to enhance overall wellness, nutritional therapy and /or avoidance therapy designed to establish balance to the energy meridians.

This evaluation is not a method of diagnosing nor are the suggested therapies designed to replace any medications or treatments currently being provided or recommended by a primary care practitioner.

1. I fully understand that the attending therapists are not allopathic doctors (M.D.'s) and do not pretend to be, but are nutritional, biofeedback & wellness consultants.
2. I fully understand that the difference between allopathic medicine & nutritional & wellness counseling.
3. I fully understand that the services provided by the attending therapist is naturopathic in nature, not allopathic.
4. I fully understand that the attending therapists provide service within the parameters of a natural health & wellness system.
5. I fully understand that the attending therapists do not offer allopathic drugs, surgery or chemical stimulants or radiation therapy. I understand that illness is not being diagnosed nor treated but that it is the degree of my wellness that is being measured.
6. I have solicited the attending therapists' services in good faith, exerting my free will & following the dictates of my own conscience which allows me to select what I understand is most beneficial to my health.
7. If I desire services not provided by the attending therapist, I fully understand that I should seek them elsewhere.
8. I presently seek counsel, advice, opinions and/or programs, recommendations & therapies within the scope of the attending therapists' wellness practice based upon the principals of Bio-energetic health.
9. I fully understand that the services provided by the attending therapists may not be generally accepted and/or recommended by allopathic doctors or other health professionals.
10. I fully understand that the attending therapists are in no way encouraging me to terminate any previous therapies any doctors have started or those therapies under the direction of a licensed practitioner.
11. If I am accompanied by a minor or incompetent, I give full faith that I am legally & totally responsible for them.
12. I understand that these therapists are not diagnosing nor treating diseases, but are providing information & therapies to restore balance & optimum condition for health & wellness.
13. I give full faith that I have read & understand this document entirely & that I will request a verbal explanation if needed of the same from the attending therapists & they have satisfactorily answered all of my questions.
14. I am willing & prepared to declare & repeat under oath all of the above statements by request of the attending therapist.

I hereby consent to the above described evaluation & recommendations.

Client Signature _____

Date _____