

***Lifestyle for Health***  
***Biofeedback Stress Response Testing / Wellness Evaluation***  
***Release Form***

Electro-acupuncture and stress testing provide an opportunity to measure electrical responses and meridian flows of the body. Bioenergetic evaluation of the energy flow has been used to identify stressors, focal disturbances or other situations that might impede the electrical process.

The evaluation may include recommendations for homeopathic remedies, stress reduction methods and/or nutritional changes designed to establish balance and enhance overall wellness. These recommendations are not cures for any known diseases, nor have they been proven clinically to eliminate any specific disease process.

**The bioenergetic evaluation is not a method of diagnosis nor are the suggested modalities designed to replace any of the medications or treatments currently being provided or recommended by a primary care practitioner.**

1. I fully understand the difference between the practice of allopathic medicine (the diagnosis, treatment, and prevention or management of disease through current standards of care) and naturopathic-based nutritional/wellness consulting (a natural approach to optimizing health using natural substances to stimulate the body toward self-adjustment and balance).
2. I fully understand that the attending consultant is not an allopathic doctor (M.D.'s) and does not pretend to be, but is a bioenergetic / biofeedback practitioner and wellness consultant, providing services that are not allopathic, but that are within the parameters of a natural health and wellness philosophy which is naturopathic in nature.
3. I fully understand that the attending consultant does not offer allopathic drugs, surgery, chemical stimulants or radiation therapy, but is providing information and natural products to restore natural balance and optimum conditions for health and wellness based on the scope of the practice.
4. I fully understand that the consultant is not diagnosing or treating any illness or disease, but that it is the bioenergetic balance and overall stress responses of the body that are being measured.
5. I fully understand that the attending consultant is in no way encouraging me to terminate or modify any previous or ongoing diagnosis, treatment (including medications) or therapies started by or under the direction of any licensed practitioner.

6. I fully understand that the services provided by the attending consultant may not be generally accepted and/or recommended by allopathic physicians or other health professionals.
7. I presently seek consultation, advice, opinions and/or programs, test, evaluations and/or products within the scope of the attending consultant's wellness practice based upon the principles of bioenergetic health.
8. I have solicited the attending consultant's services in good faith, exerting my free will and following the dictates of my own conscience which allows me to select what I understand can be most beneficial to my health.
9. If I desire services not provided by the attending consultant, I fully understand that I should seek them elsewhere, and that the attending consultant can/will not dissuade me from seeking allopathic attention, recommendations or modes of therapy from a licensed practitioner.
10. If I am accompanied by a minor or incompetent, I represent that I am legally and totally responsible for them.
11. I authorize Lifestyle for Health and its attending consultant to provide their services to me on my behalf and hereby release them from any and all claims and potential claims arising out of my actions or failure to act upon their advice.
12. I have read and understand this document entirely. I have received a verbal explanation of the same form from the attending consultant and the consultant has answered satisfactorily all of my questions regarding this form.
13. I am willing and prepared to declare and repeat under oath all of the above statements by request of the attending consultant.

**I hereby consent to authorize the above described evaluation and consultation until otherwise revoked.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian if under 18

\_\_\_\_\_  
Date

-----**To be used in the event that above authorization is revoked.**-----

**I hereby revoke this consent the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ in the city of \_\_\_\_\_.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

## BodyTalk Consent Form

I, \_\_\_\_\_ (print name), understand that the BodyTalk session provided by \_\_\_\_\_. Certified BodyTalk Practitioner, is intended to enhance relaxation and increase communication within areas of the body.

I understand that the BodyTalk System is not a substitute for medical treatment or medications. I am aware that the BodyTalk practitioner does not diagnose illness or disease, nor does the Practitioner prescribe medications.

I understand that participation in a BodyTalk session is voluntary and that at all times I may choose to end my participation. In addition, BodyTalk entails light tapping and touching of energy points on the body. The BodyTalk practitioner will inform me where tapping and/or touching by the practitioner and/or myself will occur, thus allowing for my ongoing consent. If I choose to terminate my consent, I will be provided a form to sign terminating my consent immediately.

I understand that information exchanged during any session is educational in nature and is to be used at my own discretion. I also understand that any information imparted during these sessions is confidential and will not be released without my prior written consent, except as required by law.

I understand that by providing this informed consent I am assuming full responsibility for my BodyTalk session and I hold harmless the BodyTalk practitioner, health clinic and facility/location where the session is provided.

I agree to pay a \$\_\_\_\_\_ fee per session. Payment in cash or check is due at the time of service. Since time has been especially reserved for me, I understand that a 24-hour cancellation notice is expected and missed appointments will be charged.

If I have any questions or concerns, I will address these promptly with the BodyTalk practitioner. I hereby authorize \_\_\_\_\_ to provide me with BodyTalk Sessions.

**I hereby consent to authorize the above described evaluation and consultation until otherwise revoked.**

\_\_\_\_\_  
Client Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian if under 18 \_\_\_\_\_  
Date

**-----To be used in the event that above authorization is revoked.-----**

**I hereby revoke this consent the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ in the city of \_\_\_\_\_.**

\_\_\_\_\_  
Client Signature \_\_\_\_\_  
Date