

Client Intake Form

Bioresonance- ANALYZING BIO-FEEDBACK/ STRESS IN THE BODY

NAME _____ REFERRED BY/found through _____

ADDRESS _____

E-MAIL _____

PHONE _____

BIRTH DATE _____

Blood Group (if known) _____ Rhesus factor (if known) _____

NAMES OF DRUGS CURRENTLY BEING USED

LIST DIET SUPPLEMENTS

PLEASE LIST ANY AREAS OF CONCERN- (including **symptoms** experienced)

Please choose below your scan /treatment:

Remote **Quick Scan: 39€** =Scan & analysis of **one health problem** (about 40 minutes)

Please name the **1** health concern to be scanned/ analyzed:

1. _____

Remote **Basic Scan: 70€** =Scan & analysis of **2-3 health problems** (70-90 minutes)

Please name the **2 or 3 health concerns** to be scanned/ analyzed:

1. _____

2. _____

3. _____

Remote **In-depth Scan: 95€** -recommended

=Scan, analysis and checkup of **all health problems & major organs** (about 120 minutes)

Remote **Basic Treatment Session: 55€**

60 minutes basic **treatment** with bioresonance frequencies (Hunter Metapathia).

Please name the health concern/organ to be treated:

Remote **In-depth Treatment Session: 75€** -recommended

90 minutes in-depth **treatment** with bioresonance frequencies (Hunter Metapathia).

Please name the health concern/organ to be treated:

WELLNESS & BIO-FEEDBACK CONSULTATION WAIVER

- I fully understand that the attending technician is not an allopathic practitioner (MD) and does not portray himself to be one, but is a wellness consultant, Bio-Feedback technician and a certified Naturopath (“Heilpraktiker”) according to German law.
- I fully understand the difference between the practice of allopathic (conventional) medicine, Naturopathy, Wellness consulting, and Bio-Feedback.
- I fully understand that the services provided by the attending Naturopath are not allopathic, but are strictly behavioral, stress or Bio-feedback in nature.
- Any reference to patient within this Frequency balancing is solely due to the technical terminology within the LRIS-NLS program and in no way implies that the client is a medical patient.
- I fully understand that the attending Wellness consultant performs his services within the parameters of a natural health care and wellness system using Bio-Feedback and stress reduction.
- I fully understand that the attending technician does not offer allopathic drugs, surgery, chemical stimulants, radiation Frequency balancing, or any other conventional treatments. In addition, he does not medically diagnose, treat, or otherwise prescribe for any disease, condition, or illness, and that my wellness and stress parameters are being measured.
- I have solicited the attending Bio-Feedback technician’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 also exercise my free will in asking this business and Naturopath for their opinion on items and situations which may expedite my good health; it is my choice should I accept to utilize or apply any of those ideas or suggestions at any time.
- If I desire any services not provided by the attending Bio-Feedback technician, which is my prerogative, I fully understand that I should seek them elsewhere.
- I presently seek counsel, advise, opinions, Bio-feedback or points of view and/or programs within the scope of the attending technician’s wellness and stress reduction practice. I am fully aware and release the Bio-feedback technician to do Bio-feedback stress interpretations and frequency balancing.
- I fully understand that the services provided by the attending technician are not generally accepted and/or recommended by allopathic doctors (MD’s) or other conventional health care professionals. I realize that insurance payment is highly unlikely.
- I understand that payment is expected before the service.
- By signing below I acknowledge that I have read and understand all parts of this waiver and that I have had the opportunity to ask any questions with regard to all such procedures.
- The Food and Drug Administration (nor other official medical boards or authorities) have not evaluated these statements. This product is not intended to medically diagnose, treat, cure or prevent any disease.
- I understand that it is my responsibility to present myself when observing or participating this session, when employed by the FDA or any other governmental agency of your country.
- I understand that out of precaution the following clients will **not be treated** with bioresonance: **pregnant women**, people with **pacemaker** or **transplanted organs** and I confirm that that I **do not have a pacemaker, transplanted organs** and that **I am not pregnant** (to the best of my knowledge). **I understand that in case of pregnancy especially in the first trimester bioresonance is not recommended, as there is not enough research done about potential side-effects for the unborn child.**

Signature _____ Date _____

Please **print out** the waiver, **sign**, then scan in or make a photo and **send both pages per Email.**