

Advance Pain Relief

Colleen Gallman

BIOMAGNETIC THERAPY CONSENT FORM

I declare and certify my intention of receiving therapy with traditional, bioenergetic, magnetic and/or nutritional modalities that may offer therapeutic benefits by supporting normal structure and function.

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Age _____ Gender ☐ Male ☐ Female

Phone Number _____ Cell Phone Number _____

Email Address _____

How did you hear about biomagnetism? _____

Occupation _____ How often do you exercise? _____

Do you have a pacemaker? ☐ Yes ☐ No

Have you had a transfusion? ☐ Yes ☐ No

Do you use hearing aids? ☐ Yes ☐ No

Have you had an organ transplant? ☐ Yes ☐ No

Do you drink fluids regularly? ☐ Yes ☐ No

Do you eat fruit or vegetables? ☐ Yes ☐ No

Is the consistency of your bowel movements regular, loose or hard? _____

How is your sleep? _____

Are you or have you been under chemotherapy and/or radiotherapy? ☐ Yes ☐ No

Any other medical conditions or medications taken regularly?

Biomagnetism is based on the assumption that any medical condition may simultaneously alter the pH of two organs or two specific regions in the body. We are surrounded by magnetic fields, and we also produce our own. Each cell and organ in our bodies produces a magnetic field. When this is balanced, it helps our bodies function optimally. The application of magnets is done with clothes on, the client is never touched skin to skin, meds, or any substances are not administered, no fluids or tissues are collected, and meds are never prescribed. Therefore, I understand that this is not an allopathic medical consultation. This is not a symptomatic diagnosis but an etiological analysis. If I have come here accompanying a minor or a person with disabilities, I certify that I am the father, mother, or legal guardian of said person, and that I have full capacity and authority to allow this therapy. Permission is given to use any information about me for research and publication so long as all personal identification is masked.

Signature

Date