NUW PEMF Intake Form Today's Date ____/___/____

Name: _____ __ Male __ Female

Birthdate: _____ Age: _____ Email: _____

FULL Address: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Referred by: _____

Emergency Contact Name & Number: _____

Reason for visit: _____

_____

How long have you had this condition? _____

Is it getting worse? _____ Does it affect your: ___ Sleep ___Work ___Other (what?) _____

What seemed to be the initial cause? _____

Are you under the care of a Chiropractor? _____ Do you exercise regularly? _____

How much water do you typically drink in a day? _____

Pharmaceuticals and/or birth control taken in last two months:

_____

_____

Vitamins/ Supplements taken in last two months:

_____

_____

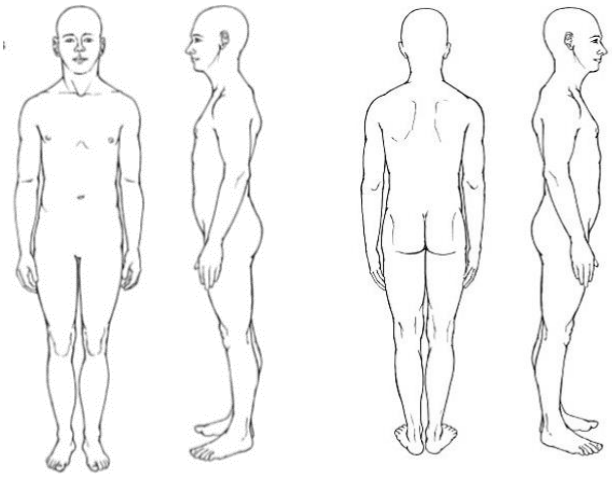
What are you hoping to accomplish with PEMF? _____

Please circle Yes or No: Yes/ No You have an implanted electronic device. Yes/ No You are pregnant

Yes/ No You have a seizure disorder. Yes/ No You are actively bleeding, hemorrhaging or menstruating.

Have you had any of the COVID vaccines? Yes/No If yes, how many? _____

Mark any areas of COMPLAINT, PAIN, or TENSION below:



On a scale of 1-5 (1= poor and 5 = amazing) how is your:

Sleep	1	2	3	4	5
Energy	1	2	3	4	5
Emotional Balance	1	2	3	4	5
Aches/ Pains	1	2	3	4	5

Please review and sign the other side of this document.

Informed Consent for PEMF Therapy

Pulse System: Pulsed Magnetic Cellular Exerciser

I _____, hereby request a Pulsed Magnetic Cellular Exercise session. I understand that the Pulse System creates a fully adjustable pulsed magnetic field. I understand that the information shared by the demonstrator are his/her personal opinions and are intended for educational purposes only.

Product Disclaimer

The Pulse System produces magnetic field energy, which passes freely through tissue for the purpose of cellular exercise to promote and support a sense of wellbeing. The FDA has not evaluated the Pulse System. It is not intended for the diagnosis, treatment or cure of any medical condition. The Pulse System is not a medical device and we cannot make any claims that we can affect medical conditions.

We understand this general statement regarding pulsing magnetic fields to be accurate:

" PEMF (pulsed electromagnetic field) devices do not treat a specific condition. Instead they optimize the body's natural self-healing and self-regulating function ."

-- Dr. Magda Havas Associate Professor of Environmental & Resource Studies at Trent University

Do not use if:

- you have an implanted electronic device including: pacemaker, defibrillator, cochlear hearing device, spinal stimulator, etc.
- you have blood clots
- you are pregnant.
- you are actively bleeding, hemorrhaging, or during heavy menstruation
- you are the recipient of an organ transplant

Before beginning a PEMF Exercise Session we recommend the following:

- remove the following from your person: Electronic or battery operated devices, keys/fobs, wallets, ID and credit cards with magnetic strips such as credit cards and hotel keys, jewelry and hearing aids
- Naturally Unbridled Wellness LLC and our technicians are not responsible for damage to technology that has not been removed prior to your session
- if you are unsure whether pulsed magnetic cellular exercise is right for you, consult with your licensed health care provider(s)

During a PEMF Exercise Session

- if you experience natural reactions that include but are not limited to nausea, headache, fatigue or any uncomfortable sensations we recommend you suspend the session and consult your doctor

Beyond what is stated above, I_____, understand that other risks associated with a pulsed magnetic exercise session are unforeseeable and that the demonstrator, the manufacturer, the marketer, employees, agents and affiliates cannot accept any liability for loss or damages incurred as the result of the Pulse System session. I reserve the right to use the knowledge I have gained in the care of my own body in any legal manner I may choose. I have read this form and voluntarily agree to the Pulse System session on my person assuming all liability for any and all results or consequences.

_____ _____ _____

Signature **Date** **Phone Number**

_____ _____

Print Name Clearly **Email Address**

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