



BIORESONANCE THERAPY CONSENT

Before undergoing Bioresonance it is important for us to have the following information.

1. Do you have a pacemaker or any other battery operated or electrical implant? Yes No
2. Do you have any metal implants? (not amalgams) Yes No
3. Do you have any metal at all in your body? Yes No
4. Do you wear hearing aids? Yes No
5. Are you pregnant and/or breastfeeding? Yes No
6. Have you been an organ transplant recipient? Yes No
7. Are you on heartbeat medication? Yes No
8. Have you had any organs removed?
 Yes No Details: _____
9. Are you on medication requiring levels to be maintained through regular blood tests (i.e. warfarin)
 Yes No Details: _____
10. Are you taking:
 - Blood thinning medication? Yes No
 - Blood pressure medication? Yes No
 - Epilepsy (seizure) medication? Yes No
 - Depression medication? Yes No
 - Anti-psychotic medication? Yes No
11. List any other medications: _____
12. Are you a Diabetic? Yes No
13. Are you Hypoglycaemic? Yes No
14. Do you have Haemophilia? Yes No
15. Do you have anaphylactic reactions? Yes No

I acknowledge that I have not been given a guarantee of success for the removal of my symptoms and issues with the use of bioresonance. I understand that the success of the therapy and the time frame required is dependant on the ability of my body to respond to this therapy and compliance with the given advice.

When we, at Embodied Alchemy are testing for issues in the body, we are not making a diagnosis as this can only be done by a Medical Practitioner. Our testing is identifying stressors on the body that relate to frequencies. These frequencies have been given names, but there are numerous stressors that relate to certain frequencies.

I have read and understood all the above information and questions.

Client's or Guardians Signature: _____

Print Name: _____

Date: _____

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