



Natural Elements Health Center

Christine Schlenker, D.C.

900 Highway 23 W Suite 3 Milaca MN 56353

Tel. 320.983.2333 staff@naturalelementshealth.com

Patient Name: _____

Date: _____

Biofeedback Consultation Waiver

1. I fully understand that the attending therapists are not allopathic doctors (M.D.'s), but are nutritional, wellness consultants and are Biofeedback specialist.
2. I fully understand the difference between the practice of allopathic medicine, nutritional wellness consulting, and Biofeedback.
3. I fully understand that the services provided by the attending therapists are not allopathic, but are nutritional, behavioral, or biofeedback in nature.
4. I fully understand that the attending therapists perform their services within the parameters of a natural health care and wellness system using Biofeedback and Stress Reduction.
5. I fully understand that the attending therapists do not offer allopathic drugs, surgery or chemical stimulants or radiation therapy. I understand that illness is not being diagnosed nor treated and that my wellness and stress are being measured.
6. I have solicited the attending biofeedback therapists' 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.
7. If I desire any services not provided by the attending Biofeedback therapists, which is my prerogative, I fully understand that I could seek them elsewhere.
8. I presently seek counsel, advice, opinions, Biofeedback, or points of view and/or programs within the scope of the attending therapists' wellness and stress reduction practice.
9. I fully understand that the services provided by the attending therapists are not generally accepted and /or recommended by allopathic doctors or other conventional health professionals.
10. I hereby release the Biofeedback technician to do Biofeedback tests and treatments.

Client Signature: _____ Date: _____