

Dear New Client,

Enclosed is a *Health History Questionnaire Form*. Please complete this form thoughtfully and truthfully, as the information is crucial to your biofeedback experience.

Thank you for putting your time into this preparation. This effort on your behalf will be very helpful, as it gives a deeper insight into your health status. We look forward to meeting you and addressing your wellness enhancement via biofeedback techniques.

Sincerely,
Carol A. Brosius

Biofeedback Consultation Waiver

I fully understand that the attending therapist is not a allopathic doctor (M.D.), but is a nutritional, wellness consultant and a Biofeedback specialist.

I fully understand the difference between the practice of allopathic medicine, nutritional wellness consulting, and Biofeedback.

I fully understand that the services provide by the attending therapist is not allopathic, but is nutritional, behavioral, or biofeedback in nature.

I fully understand that the attending therapist performs her services within the parameters of a natural health care and wellness system using Biofeedback and Stress Reduction.

I fully understand that the attending therapist does no offer allopathic drugs, surgery, chemical stimulants, or radiation therapy. I understand that illness is not being diagnosed or treated and that my wellness and stress are being measured.

I have solicited the attending Biofeedback therapist'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.

If I desire any services not provided by the attending Biofeedback therapist, which is my prerogative, I fully understand that I could seek them elsewhere.

I presently seek counsel, advice, opinions, Biofeedback, or points of view and/or programs within the scope of the attending therapist's wellness and stress reduction practice.

I fully understand that the services provided by the attending therapist is not generally accepted and/or recommended by allopathic doctors or other conventional health professionals.

I hereby release the Biofeedback specialist to do Biofeedback tests and treatments.

If you are and agent representing any federal, state, or local government agency, you must identify yourself to Carol Brosius and state your intentions.

Client Signature: _____ Date: _____