



# Bio Electric Lymph Drainage

All Questions Must be Answered

Name \_\_\_\_\_

## WHAT ARE YOU EXPECTING TO RECEIVE FROM GENTLE WELLNESS CENTER?

Is there anything specific you would like to work on during the session? What are your long-range goals?

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## CONTRAINDICATIONS

Prior to using the Bio Electric Lymph Drainage it is important to read the following, since there are certain health contraindications:

- I understand that if I have found breast lumps, cysts, or any other symptoms on the breast or other parts of the body, they should be thoroughly checked by a medical doctor. If necessary you may need to have further clinical tests before undergoing BELD treatment.
- I understand that if I have cancer or I am undergoing treatment for cancer, it is my responsibility to seek advice from my consulting doctor before I receive BELD treatments.

I understand that I cannot undergo BELD treatment if:

- I am pregnant (unless referred by a consulting doctor)
- I have an electrical implant or pace maker
- I have had recent surgery (within the last 4 weeks)
- I have any pins, staples, or metal plates anywhere in my body (within the last 6 months)
- I have had any significant trauma recently (auto accident, falls, etc)

**Please read below carefully before signing:**

*"The purpose of Gentle Wellness Center and all our staff is to provide services, products and offer information to clients. Our services, products and information are for vocational and advocational self-improvement. We do not intend to treat, diagnose, prescribe or cure. All procedures are directed towards the establishment of this goal."*

***Because you must be aware of any existing physical conditions that I may have, I have honestly answered all above questions and am not intentionally withholding information about my health. I will inform GWC of any changes in my physical health. I am agreeing to the office policies and procedures of Gentle Wellness Center.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_