



Bio Electric Lymph Drainage

All Questions Must Be Answered

Please Print Name _____ Date _____

WHAT ARE YOU EXPECTING TO RECEIVE FROM THIS APPOINTMENT?

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

Today: _____

Long-Range: _____

CONTRAINDICATIONS

Prior to having a Bio Electric Lymph Drainage session 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 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 carefully before signing

“The purpose of Gentle Wellness Center and all our staff is to provide services and offer information to clients. Our services and information are for the purpose of vocational and advocational self-improvement. All procedures are directed towards the establishment of this goal.”

I have been made aware of all contraindications and I am not intentionally withholding information about my health. I am agreeing to office policies and procedures of Gentle Wellness Center.

Signature: _____ **Date:** _____