

“Avatar” Electrodermal Screening

NOTICE OF UNDERSTANDING AND AGREEMENT

I understand that I am not consulting for medical, diagnostic or treatment procedures. The services performed at this clinic are at all times restricted to helping me gain a better understanding of my level of bio-energetic health so that I will have a greater self-awareness and be able to use a self-care program.

I understand that the recommendations, discussion, sale of nutritional supplements or homeopathics pertains to the “whole body” energetic concept of nutrition and does not relate in the context of any specific ailment or condition.

The appointments do not involve the diagnosing, prognosticating, treating or prescribing of medicines for the treatment of disease, or any act which will constitute the practice of medicine in this state, for which a license is required.

NAME: _____ DATE: _____

SIGNATURE: _____

WITNESS: _____

CONSENT TO EVALUATE A MINOR CHILD

MINORS NAME: _____

PARENT/GUARDIAN: _____ DATE: _____

RELATION: _____

WITNESS: _____