

CLIENT CONSENT FORM

I, the undersigned, understand that:

1. Sharyn Perfect, the employees and representatives of Perfect Health Body and Mind (these practitioners) are not medical doctors, psychologists or psychiatrists. These practitioners do not claim to, nor do they represent to be, a licensed health care provider other than the qualifications gained through accredited education.
2. This work is not offered as a replacement or substitute for health care treatment with a licensed and qualified health care provider, but rather as an optional, complementary service.
3. These practitioners do not take any legal or clinical responsibility for the health or welfare or health care of the undersigned ("the Client"). The licensed medical health care providers that the Client has engaged are the only entities that are legally and clinically accountable for the health and welfare of the Client, even if a licensed medical health care provider refers the Client to these Practitioners.
4. These Practitioners do not offer diagnosis or cure for any physical, mental or emotional health care problem, disorder or illness. Education, empowerment, and nutritional recommendations are the concentration of these Practitioners' business.
5. These Practitioners offer the Client an education and environment that may promote a natural and healthier lifestyle, which may bring about a greater ability to meet life's challenges.
6. All information given to these Practitioners is confidential. Information will only be released directly to the client for the client to disseminate as he/she sees fit. However, if the Client discloses the potential of the Client harming him/herself and/or others, or if information is revealed indicating the potential or actual harm of a child, these Practitioners are legally (and morally) bound to disclose this information to the appropriate authorities.
7. No third party, including assistants or members of the Client's family, if the Client is over the age of 18 years, may be present during the course of a session with the Client without the express consent of the Client and these Practitioners.
8. Only appropriate and respectful touch of the Client's body may be used relating to the type of session attended, and only with permission of the Client.
9. Any work done with anyone under the age of 18, will only be done with the approval of a parent or legal guardian, and the underage client may choose to have the parent / guardian in attendance during the appointment.

I have read and I understand all the statements above, and I agree to these terms. I certify that I am under, or will seek, the care of a licensed medical health care provider, if I believe I have, or am aware that I have a serious mental, physical or emotional problem or illness. I agree that I will not terminate conventional and/or alternative treatment with a licensed and qualified health care provider(s) as a result of this work.

Consent and Release for BioSET™ Technique.

BioSET™ (Bioenergetic Sensitivity and Enzyme Therapy) is a complementary healing arts service developed by Dr Ellen Cutler D.C. The nature of the BioSET™ system consists of nutritional, (enzyme, homeopathic and dietary) and energetic evaluation and assessment. It is based on Immunology and Chiropractic philosophy. BioSET™ is a non-invasive, safe and natural desensitization technique for the often-permanent elimination of allergies and sensitivities. The BioSET™ system, along with dietary, healthy lifestyle modifications and exercise, can have beneficial influences in a multitude of health challenges. At no time will your BioSET™ practitioner recommend that you stop taking your prescription medications without referral to your prescribing physician. Additionally, any supplements you have been recommended to use by another health professional may be continued. Evaluation of the individual biocompatibility and effectiveness of a supplement or medication will be addressed as part of the BioEnergetic assessment. However, in many instances, as desensitization to allergic and improper immune responses occur, you may be advised to check with your doctor to decrease the dosage or be found to no longer require the use of a particular medication. Likewise, supplement use will be evaluated and the need for certain supplements may be altered while undergoing BioSET.

Consent and Release Form for Body Work Services.

Sessions are a maximum of fifty minutes. I, the undersigned, request and agree to body work session(s), including and not limited to *Trigger point therapy, *Lymph Star, *Kinesiology, and others as qualified to do so. I understand that the purpose of body work is to help improve the coherence of the bio-electromagnetic energy systems within the human body. This is achieved through direct contact with the body through touch and stimulation of the bio-electromagnetic energy of the body to achieve greater comfort and improved bodily functions. I understand that the practitioner does not prescribe or diagnose for any illness, disease or any other physical, mental or emotional disorder, and nothing said or done by the practitioner should be construed to be as such. I understand it is necessary for my body to be touched (appropriately for the service type) in order to help establish improved bioelectromagnetic energy circulation and coherence. I give the practitioner my full permission and consent to do all things necessary in helping to establish improved bio-electromagnetic energy circulation, not limited to, touching my body. I give full privilege and license to work with my body with touching in such a way as intended to help restore and establish proper energy circulation and coherence. I understand that the basic goal of body work is focused only on the restoration of proper energy circulation and coherence.

Contraindications for LymphStar include pregnancy, blood clots, stroke, TIA, implanted medical devices with electronic circuits, and neoplastic conditions. I have read, understand and agree with the above statements before signing below.



Summary of all Consent:

I, the undersigned, do not hold Sharyn Perfect of Perfect Health Body & Mind and Employees legally or clinically responsible for any aspect of my physical, mental or emotional health or care thereof.

Signing this page indicates you have read and understood the terms listed on pages 1 & 2

Printed name of client. _____

Signature _____

Date _____

Signature of Client's Parent / Guardian / Representative _____

Relationship to Client (if minor or physically incapacitated) _____