

balanced 4 life
Informed consent
BioScan

Background: I desire to be tested to determine possible undesirable reactions to various stressors that are natural constituents of my diet, environment or body chemistry. I understand that the device being used is FDA cleared for Galvanic Skin Response Testing and not intended to directly treat or cure any specific condition, symptom or illness. The practitioner has explained, and I understand, the benefits of receiving stress reduction and relaxation therapy and the direct relationship between stress, illness and disease.

Procedures: I understand that this is a non-invasive procedure (the skin is not pierced). A metal probe is touched to the skin to measure electrical conductivity at responsive points, typically on the hands and feet. Homeopathic remedies, nutritional supplements and other natural remedies may be used to bring abnormal electrical patterns into equilibrium. I understand the nature of the immune system and related symptoms are unpredictable and therefore the facility cannot guarantee any results. Balanced 4 Life, LLC. cannot guarantee that new stressors will not contribute toward my health conditions in the future and that in some cases a person may not wholly respond to the treatment.

I choose to be tested with the Bioscan. I understand that this testing has not been scientifically proven to be reliable and that my physician must still rely upon my observations as to the efficacy of the test and any treatment based on the results of this test.

Risks: The procedure is very safe because it measures only changes in the electrical properties of the skin. However, since an electrical signal is used there is a slight risk of electrical burn or shock. Skin irritation or redness may occur at the site of the test. However, any discomfort should be brief. There are generally no risks associated with the substances recommended to bring your body to equilibrium as long as those substances are taken as recommended, but please report any discomfort you may experience from taking these substances to your practitioner. Please report any significant health problems (i.e. Diabetes, High Blood Pressure, etc.) to your practitioner. I understand that there is a risk factor where as a result of exposure to these bio-energetic stressors, that I may experience temporary symptoms not unusual to the regular symptoms currently experienced when exposed to these stressors. I assume all responsibility for the unpredictable immune reactions that may lead to increased symptoms. I agree to seek immediate medical attention should this occur and understand that this facility does not treat cases of patients suffering from anaphylactic allergic reactions and I agree to completely disclose all information regarding any life threatening allergies or allergies resulting in anaphylaxis.

Questions: I have been provided with the opportunity to ask any pertinent questions I have regarding the BioScan procedure, protocol or treatment program.

Free to Decline: I understand that I may decline to the BioScan testing and Processing.

Important: There is no recognized body of scientific evidence to show that an electrically balanced body is more likely to be healthier and you have chosen to participate in this assessment with that understanding. Your physician may need to use other forms of testing in the course of your treatment.

Contraindications: While this procedure is considered safe for most people, anyone who is pregnant and anyone with a pacemaker or any electric medical device, should not be tested.

Name: _____ Date: _____
(Please Print)

Signature: _____

Signature or parent or guardian if patient is a minor: _____