CLIENT INFORMATION

Name: _____ Date of Birth:_____/_____/_____

Street Address: _____

City: _____ State: _____ Zip:_____

Phone:_____ Email: _____

Emergency Contact Name and Phone Number: _____

Reason for visit/Goals:_____

How did you hear about us? _____

	Please read the following questions and honestly answer each one by checking YES or NO.	**YES**	**NO**
1.	Do you have a heart condition? If yes, have you been told to limit physical activity because of the heart condition?	○	○
2.	Do you ever feel pain in your chest when you perform physical activity?	○	○
3.	In the past month, have you had chest pain when you were not performing any activity?	○	○
4.	Are you currently taking prescribed medications for any chronic medical condition?	○	○
5.	Have you been hospitalized in the past 10 years?	○	○
6.	Is there a chance you may be pregnant?	○	○
7.	Do you have cancer?	○	○
8.	Do you have a pacemaker?	○	○
9.	Have you had any issues with blood clots in the previous 12 months?	○	○
10.	Do you have a history of losing consciousness; fainting or syncope?	○	○
11.	Have you been cleared by your physician for physical activity?	○	○
12.	Have you ever had any kidney problems, including rhabdomyolysis?	○	○
13.	Are you aware of <u>any</u> other reason why you should not engage in physical activity?	○	○

If you answered 'YES' to any of these questions, please provide additional explanation here:

_____

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In receiving rehabilitation and/or fitness services from A Neu Healing Therapy ("ANeu"), located at 87 Clavel Court Palm Desert, California 92260, I, _____, agree as follows: (please initial each line and sign at the bottom)

WAIVER AND RELEASE OF LIABILITY

ACKNOWLEDGEMENT OF RISK: I understand that my session(s) at ANeu involve the use of the FDA-cleared Neubie® device in combination with various movements, exercises and/or techniques of manual therapy. The service providers at ANeu have been trained in the safe and effective use of the Neubie and other techniques being used. Nevertheless, I acknowledge that there are inherent risks associated with these activities, including but not limited to the following:
_____ My participation in any physical activity, including at ANeu, carries the risk of bodily injury, disease, disability, and death;
_____ Use of the Neubie may lead to redness of the skin, or skin irritation like stinging or burning;
_____ Performing rigorous physical activity, including that performed here at ANeu challenges the cardio-vascular system. If the cardio-vascular system is compromised or cannot keep up with the challenges of this activity, there are risks of various cardio-vascular issues or problems, like heart attack and heart arrhythmia;
_____ Because the Neubie can create more load on muscles than is experienced in a typical workout, it often allows us to make more progress in a ANeu session than in a traditional therapy or fitness session. For that same reason, using the Neubie may also lead to muscle soreness, fatigue, and a need for increased recovery time;
_____That additional load on the muscles may also create more muscle breakdown than a typical workout. When the byproducts of muscle breakdown enter the bloodstream, the organs have to process them. If enough of these byproducts build up in the blood, especially when combined with dehydration, impaired organ function, participation in additional exercise outside of ANeu, or other stressors or health challenges, it may increase the risk of kidney-related conditions like rhabdomyolysis.

_____CONSENT TO RECEIVE SERVICES: I fully understand and acknowledge the risks listed above and hereby assume all of those risks. As such, I hereby consent to receive rehabilitation, recovery, and/or fitness training services from the providers at ANeu. Because of the nature of services provided, I understand I may at times have electrodes placed on sensitive areas of my body and that the ANeu service provider may perform manual techniques requiring physical touch. I know that the staff is committed to upholding my privacy, modesty, and dignity, and that if I ever feel uncomfortable with what I'm being asked to do that I may refuse the procedure, stop the procedure, and/or request to work with another provider.

_____RELEASE OF LIABILITY: I, on behalf of myself, my personal representatives and heirs, hereby voluntarily agree to release, waive, and hold harmless ANeu, and ANeu's owners, representatives, employees, providers, advisors, and assigns from all liability for any services rendered. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for negligent acts or other conduct by any representatives or employees of ANeu.

_____ANEU FEES: I understand that ANeu Services are not covered by my medical insurance. I acknowledge that I am responsible for any and all fees incurred for these services at the time of my visit, and I am fully aware of the amount of those fees. I also understand that I am responsible for payment of the fee for cancelled sessions if I fail to notify ANeu of the cancellation at least **24 hours** in advance.

_____IMAGE RELEASE: I understand that, from time to time, pictures or videos may be taken of the work that is going on at ANeu and shared for marketing or educational purposes. I hereby grant ANeu permission to use my likeness in video or photograph for its printed and digital publications, including social media platforms. I waive the right to inspect or approve the finished product, and waive the right to any compensation arising out of the use of my likeness in any videos or photographs.

Signed: _____ Date: _____/_____/_____