

# Bio-energetics Form

## DETAILS

NAME IN FULL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OCCUPTAION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE/TOWN/CITY: \_\_\_\_\_ COUNTRY \_\_\_\_\_

EXACT TIME OF BIRTH (IF KNOWN): \_\_\_\_\_

SEX:            MALE / FEMALE / OTHER

**DO YOU HAVE A PACEMAKER OR OTHER IMPLANTABLE ELECTRONIC DEVICES FITTED:** YES / NO

**ARE YOU PREGNANT:** YES / NO

CURRENT SYMPTOMS: \_\_\_\_\_

\_\_\_\_\_

KNOWN ALLERGIES: \_\_\_\_\_

ANY OTHER INFORMATION WE SHOULD KNOW: \_\_\_\_\_

\_\_\_\_\_

## QUESTIONS

### Place only a number in below questions

Number Of Organs Removed (please list what organs removed including teeth): \_\_\_\_\_

Number Of Synthetic Drugs Used Currently (any over the counter and prescriptions): \_\_\_\_\_

Number Of Cigarettes Per Day: \_\_\_\_\_

Number Of Steroid Type Drugs Used In Last 12 Months (including inhalants and creams): \_\_\_\_\_

Number Of Metal Amalgam Fillings (current or present during last 12 months): \_\_\_\_\_

Number Of Street Drugs Used in Last Month: \_\_\_\_\_

Number Of All Known Allergies: \_\_\_\_\_

Number Of Unresolved Mental Factors (eg old traumas and major life stresses): \_\_\_\_\_

Amount Of Fat In Diet As Percentage (eg Meat eaters = 30%, vegetarian = 20%): \_\_\_\_\_

Personal Stress Between 0-10 Max: \_\_\_\_\_

Number Of Sugar Type Products Per Day (Include soft drinks, ice cream etc): \_\_\_\_\_

Number of Exercise Sessions Per Week of 20 mins or more: \_\_\_\_\_

Number Of Alcoholic Drinks Per Day On Average: \_\_\_\_\_

Number Of Cups Of Coffee, Tea Or Any Caffeine Products Per Day: \_\_\_\_\_

Number Of Extreme Toxic Exposures Per Year (eg Radiation, insecticides, chemicals): \_\_\_\_\_

Number Of **Major** Injuries In Past (eg Major accidents): \_\_\_\_\_

Number Of **Major** Infections (Past and Present): \_\_\_\_\_

Number Of Glasses Of Water Or Natural Fruit Juices Per Day: \_\_\_\_\_

Are you satisfied with your current weight? and how many kilos are your from your goal weight: \_\_\_\_\_

#### DISCLAIMER

1. I FULLY UNDERSTAND THAT THE ATTENDING THERAPISTS ARE NOT ALLOPATHIC DOCTORS (M.D's) AND DO NOT PRETEND TO BE, BUT ARE (IN THE CONTEXT OF THE SCIO/QUEST9 BIOFEEDBACK SYSTEM) NUTRITIONAL, WELLNESS CONSULTANTS WORKING WITH THE BIOFEEDBACK TECHNOLOGY.
2. I FULLY UNDERSTAND THE DIFFERENCE BETWEEN THE PRACTICE OF ALLOPATHIC MEDICINE, NUTRITIONAL WELLNESS CONSULTING, AND BIOFEEDBACK.
3. I FULLY UNDERSTAND THE SERVICES PROVIDED BY THE ATTENDING THERAPISTS ARE NOT ALLOPATHIC, BUT ARE NUTRITIONAL, BEHAVIOURAL OR BIOFEEDBACK IN NATURE.
4. I FULLY UNDERSTAND THAT THE ATTENDING THERAPISTS PERFORM THEIR SERVICES WITHIN THE PARAMETERS OF NATURAL HEALTH CARE AND WELLNESS SYSTEM USING BIOFEEDBACK AND STRESS REDUCTION.
5. I FULLY UNDERSTAND THAT THE ATTENDING THERAPISTS DO NOT OFFER ALLOPATHIC DRUGS, SURGERY OR CHEMICAL STIMULANTS OR RADIATION THERAPY. I UNDERSTAND THAT ILLNESS IS NOT BEING DIAGNOSED NOR TREATED AND THAT INFORMATION THAT MAY ASSIST WITH MY WELLNESS AND STRESS REDUCTION ARE BEING MEASURED.
6. I HAVE SOLICITED THE ATTENDING, BIOFEEDBACK THERAPIST'S SERVICES IN GOOD FAITH, EXERCISING MY FREE WILL AND FOLLOWING THE DICTATES OF MY OWN CONSCIENCE WHICH ALLOWS ME TO SELECT WHAT I UNDERSTAND IS MOST BENEFICIAL TO MY HEALTH.
7. IF I DESIRE ANY SERVICES NOT PROVIDED BY THE ATTENDING, BIOFEEDBACK THERAPISTS, WHICH IS MY PEROGATIVE, I FULLY UNDERSTAND THAT I SHOULD SEEK THEM ELSEWHERE.
8. I PRESENTLY SEEK COUNSEL, ADVICE, OPINIONS, BIOFEEDBACK OR POINTS OF VIEW AND/OR PROGRAMS WITHIN THE SCOPE OF THE ATTENDING THERAPIST'S WELLNESS AND STRESS REDUCTION PRACTICE. I AM AWARE AND RELEASE THE BIOFEEDBACK TECHNICIAN TO DO BIOFEEDBACK TESTS AND TREATMENTS.
9. I FULLY UNDERSTAND THAT THE SCIO/QUEST9 BIOFEEDBACK SYSTEM SERVICES PROVIDED BY THE ATTENDING THERAPISTS ARE NOT GENERALLY ACCEPTED AND/OR RECOMMENDED BY ALLOPATHIC DOCTORS OR OTHER CONVENTIONAL HEALTH PRACTITIONERS.
10. I FULLY UNDERSTAND AND ACCEPT THE FEE TO BE PAID.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_