

LYME MAGNETIC HEALTH

BIOMAGNETIC THERAPY CONSENT FORM

I declare and certify my intention of receiving therapy with traditional, bioenergetic, magnetic and/or nutritional modalities that may offer therapeutic benefits by supporting normal structure and function.

Biomagnetism is based on the assumption that any medical condition may simultaneously alter the pH of two organs or two specific regions in the body. We are surrounded by magnetic fields, and we also produce our own. Each cell and organ in our bodies produces a magnetic field. When this field is balanced, it helps our bodies function optimally. Reiki is a simple, gentle hands-on energy technique that is used for stress reduction and relaxation.

I understand that the body has the ability to heal itself and to do so, a balanced pH and complete relaxation is often beneficial. I acknowledge that long term imbalances in the body often require multiple sessions in order to facilitate the pH balance and level of relaxation needed by the body to heal itself.

Biomagnetic and/or Reiki sessions are both done with clothes on, the client is never touched skin to skin. Medications or any substances are not administered, no fluids or tissues are collected, and meds are never prescribed. I understand that reiki /biomagnetism practitioners do not diagnose conditions nor do they prescribe medical treatment, substances or interfere with the treatment of a licensed medical professional. I understand that reiki and biomagnetism do not take the place of medical care. I understand that reiki and biomagnetism can complement any medical or psychological care I am receiving. Therefore, I understand that this is not an allopathic medical consultation. This is not a symptomatic diagnosis but an etiological analysis and body relaxation.

If I have come here accompanying a minor or a person with disabilities, I certify that I am the father, mother, or legal guardian of said person and that I have full capacity and authority to allow this therapy. Permission is given to use any information about me for research and publication so long as all personal identification is masked.

Signature

Date