

Naturally Unbridled Wellness LLC  
Biofeedback Intake Form

Name:	Age:	
Address:		
City, State, Zip:		
Phone: (cell)	(home)	(work)
Email:		
Date of Birth:		
City & State of Birth:		

Seizure Disorder? \_\_\_\_\_ Pregnant? \_\_\_\_\_ Pacemaker? \_\_\_\_\_

**Wellness & Bio-Feedback Consultation Waiver**

1. I understand that Patti Bartsch, Ph.D. is not an allopathic doctor (Medical Doctor) or veterinarian and does not portray herself to be, but is a wellness consultant and Biofeedback technician. I fully understand the differences between the practice of allopathic (conventional) medicine, nutritional/wellness consulting and Biofeedback.
2. I understand that Patti Bartsch, Ph.D. does not offer allopathic drugs, surgery, chemical stimulants, radiation therapy or any other conventional treatments, nor does she diagnose, treat or prescribe for any disease condition or illness. Any decision that I may make regarding my use or non-use of allopathic treatments is an informed decision that I have made / will make, unaffected by any discussion I may have with Patti Bartsch, Ph.D. I remain solely and personally liable for my decision.
3. I have solicited the Patti Bartsch's services to measure my wellness and stress parameters exercising my free will and following the dictates of my own conscience which allows me to select what I feel is most beneficial to my health. I have been advised to consult my healthcare provider when making health choices.
4. I will be personally liable for payment, which will be made after each appointment. I understand that my medical aid/health insurance will not cover the cost of the appointment, in which event I remain liable for the costs. Where the client is a minor or an animal, I as his/her guardian will be liable for all payments.
5. By signing this waiver form, I take responsibility for any future appointments I may arrange and if, for any reason, I cannot attend the arranged appointment, I will provide at least 24 hours notice. If notice is not given, I will reimburse the Biofeedback therapist for the loss of opportunity by paying for the missed appointment.
6. Unbridled Wellness LLC, Patti Bartsch, Ph.D., and their employees and agents will not be liable for any damages of whatever nature that I may suffer, including illness, personal injury, or loss or damage to property, and I indemnify them against all such damages.
7. By signing below I acknowledge that I have read and understand all parts of this waiver and that I have had the opportunity to ask any questions with regard to all such procedures.

Signed: ..... Date: .....

(where the client is under 18 years old, the guardian is required to sign)