Lifeworks Health Clinic

Bioresonance and Ion Cleanse Therapy



Before undergoing Bioresonance it is important for us to have the following information

| 1. Do you have a pacemaker or any other battery | |
|--|--------|
| operated or electrical implant? | Yes/No |
| 2. Do you have any metal implants? (not amalgams) | Yes/No |
| 3. Do you have any metal at all in your body? | Yes/No |
| 4. Do you wear hearing aids? | Yes/No |
| 5. Are you pregnant and/or breastfeeding? | Yes/No |
| 6. Have you been an organ transplant recipient? | Yes/No |
| 7. Are you on heartbeat medication? | Yes/No |
| 8. Have you had any organs removed? | Yes/No |
| | |
| 9. Are you on medication requiring levels to be | |
| maintained through regular blood tests (i.e. warfarin) | Yes/No |
| 10. Are you taking: Blood thinning medication? | Yes/No |
| Blood pressure medication? | Yes/No |
| Epilepsy (seizure) medication? | Yes/No |
| Depression medication? | Yes/No |
| Anti-psychotic medication? | Yes/No |
| 11. List any other medication | |
| 12. Are you a Diabetic? | Yes/No |
| 13. Are you Hypoglycaemic? | Yes/No |
| 14. Do you have Haemophilia? | Yes/No |
| 15. Do you have anaphylactic reactions? | Yes/No |

I acknowledge that I have *not* been given a guarantee of success for the removal of my symptoms and issues with the use of bioresonance. I understand that the success of the therapy and the time frame required is dependant on the ability of *my body* to respond to this therapy and compliance with the given advice.

When we, at Lifeworks Health Clinic are testing for issues in the body, we are not making a diagnosis as this can only be done by a Medical Practitioner. Our testing is identifying stressors on the body that relate to frequencies. These frequencies have been given names, but there a numerous stressors that relate to certain frequencies.

It has been brought to our attention that some clients have not received the sms reminder. We are asking that you do not just rely on the reminder. We have been advised that there are many reasons why a message is not delivered and not all of these are under our control or the company responsible for sending the messages.

I have read and understood all the above information and questions.

| Client's Signature | Print Name |
|--------------------|------------|
| Date: | ···· |

Please note: we require this form to be signed in black pen, thank you