



Helen Thornton Equine Sports Therapy & PEMF
ITEC Dip ESMA HND Eq Sc ECBS Cert.Eq Adj MIPTI
Moor Stables – The Moor – Snitterby –
Gainsborough – DN21 4UQ Tel: 07947 623 923



www.helenthornton.com
Email: est.pemf@gmail.com
Registered Member of the International
Association of Animal Therapists

INFORMED CONSENT & PEMF THERAPY RELEASE FORM

Client/Patient Name:		Date of Birth if under 16:	
Name of Parent/Guardian (if under 16):			
Address & Postcode:	Contact email		
	Telephone:		

I hereby state that I am at least 16 years of age and have read, understand and agree to this Release Statement on behalf of myself or on behalf of a minor who am I legally authorised to give consent for, that it is an informed release and that I intend to be legally bound by it. I hereby request **Helen Thornton EST & PEMF** to provide Pulsed Electromagnetic Field Therapy [PEMF Therapy]. I understand that PEMF Therapy produces magnetic field energy, which passes freely through tissue for the purpose of cellular exercise to promote and support a sense of wellbeing. PEMF Therapy is not used for diagnosing. **Helen Thornton EST & PEMF is insured by Balens as a certified therapist to provide PEMF Therapy.**

Do **NOT** use **PEMF therapy** if:

- You have an implanted electronic device including: pacemaker, defibrillator, cochlear hearing device, etc.
- You are pregnant.
- You are actively bleeding.

Before beginning a PEMF Therapy session:

- Please remove all external metal (electronic or battery-operated devices, keys, wallets, metal belt buckles, cards with magnetic strips, such as credit cards and keys, jewellery, hearing aids, etc.)
- Inform your PEMF practitioner of the location of any metal implants you may have.
- Consult with a GP or specialist if you are unsure whether PEMF Therapy is right for you.

During your PEMF Therapy session:

If you experience any natural reactions such as nausea, headache, fatigue or any uncomfortable sensations, let your PEMF practitioner know right away.

I hereby release and indemnify Helen Thornton EST & PEMF against any and all liability or claims arising out of, or related to, my use of the PEMF Therapy.

NAME:
Please Print

Date:

SIGNATURE:



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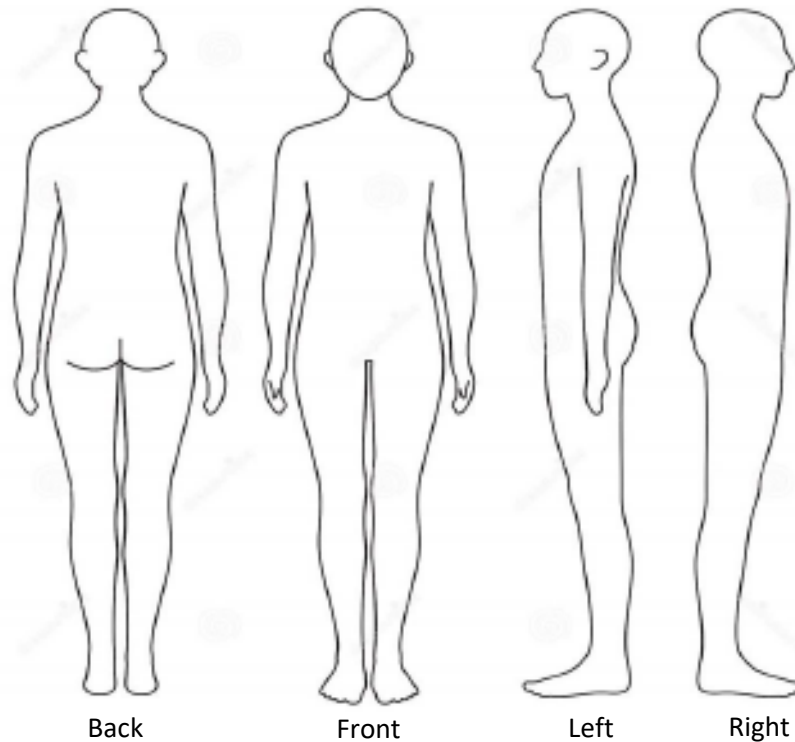
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Initial Bowen/PEMF Treatment Questionnaire

Please shade any areas where you are experiencing pain



I have a pacemaker	Yes	No	
I have a defibrillator	Yes	No	
I have and use hearing aids	Yes	No	
I have and use an insulin pump	Yes	No	
If yes – can it be removed?	Yes	No	
I am pregnant	Yes	No	N/a
I have high blood pressure	Yes	No	
I have a history of light-headedness, dizziness or fainting that has not been diagnosed by my GP	Yes	No	
I have, or have had cancer	Yes	No	
If yes, what was the diagnosis?	Yes	No	N/a
If you are in remission, how long have you been in remission?			

I am currently undergoing chemotherapy	Yes	No
My chemotherapy treatments are scheduled to end on	N/a	
My last chemotherapy treatment ended on (date)	N/a	
I have surgery resulting in the placement of metal implants	Yes	No
I have a GP (GP Name & Address)	Yes	No
List any other medical conditions or surgeries:		

Please read and initial the following and sign below

Init

I consent to let Helen Thornton use my photo (with my prior approval) for marketing/training purposes		
I understand that this PEMF treatment is not a replacement for medical care & no diagnosis will be made		
I understand that if I have a pacemaker/implantable cardioverter defibrillator (ICD), am pregnant or have any implanted device or battery that cannot be removed, I do not qualify for PEMF sessions		
Signature	Print name	Date