

AQUA MASK E-POWER INTAKE AND CONSENT FORM



Contraindications include but may not be limited to the following, please circle any that may apply:

- | | | |
|--------------------------|---------------------------|---|
| Pacemaker | Organ Transplant | Metal pins, rods or plates or screws |
| Epliepsy/Seizures | Pregnant/Lactating | Artificial implants, silicon or gel |
| Fractures | Open wounds | Bleeding disorder Heart Condition |
| Insulin Pump | Menstruating | Cancer Claustrophobic |

Please list all medications/supplements you are taking: _____

Please list any allergies and/or medical conditions: _____

Name: _____

Address: _____

Phone: _____ **E-mail:** _____

Emergency Contact: _____

I understand the potential risks and benefits of the Aqua Mask E-Power Session. I have read information on the E-Power and the Aqua Mask and give my consent for Aqua Serene Wellness staff to administer this session and any further sessions. I agree to keep Aqua Serene Wellness informed of any medical/medication changes in future appointments. I understand the staff of Aqua Serene Wellness are not medical professionals and do not diagnose, prescribe or treat any conditions or illness. I am 18 years or older.

Signature

Date