

Quantum Biofeedback

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Biofeedback Waiver and Consent Form

1. I fully understand that the attending technician is not a medical doctor and does not portray herself to be, but is a biofeedback technician.
2. I fully understand that the attending technician performs her services within the parameters of natural health care and the wellness system using biofeedback and stress reduction.
3. I have solicited the attending biofeedback technician's services in good faith, exercising my free will and following the dictates of my own conscience which allows me to select what I understand to be most beneficial to my health.
4. By signing below, I acknowledge that I have read and understood the above listed terms and that I had the opportunity to ask any questions with regards to such procedure.

Signature: _____ Date: _____