

Client Consent Form for Biomagnetic Pair Therapy

Inphinite Wellness LLC

Client Name: _____
Date of Birth: _____
Phone Number: _____
Email: _____

Introduction

Biomagnetic Pair Therapy is a complementary therapy that utilizes strategically placed magnets to help balance the body's pH levels and support overall wellness. While this therapy has been reported to assist with various health concerns, it is not a substitute for medical treatment, diagnosis, or care provided by a licensed healthcare professional.

Consent & Acknowledgment

By signing this form, I, the undersigned client, acknowledge and agree to the following:

1. Voluntary Participation

- I understand that Biomagnetic Pair Therapy is a holistic approach to wellness and that my participation is voluntary.

2. Not a Replacement for Medical Treatment

- I acknowledge that Biomagnetic Pair Therapy is not intended to diagnose, treat, or cure any disease or medical condition.
- I understand that this therapy should not replace medical care from a licensed healthcare provider.

3. Potential Benefits & Risks

- I understand that while some clients report positive results, outcomes may vary, and there is no guarantee of specific benefits.
- I acknowledge that I may experience temporary discomfort, fatigue, or detoxification symptoms following a session.

4. Medical Conditions & Consultation

- I affirm that I have disclosed any medical conditions, medications, or implanted devices (such as pacemakers) that may be affected by magnetic therapy.
- I understand that if I have any health concerns, I should consult my healthcare provider before undergoing Biomagnetic Pair Therapy.

5. Confidentiality

- I understand that my personal health information will be kept confidential and will not be shared without my consent, except as required by law.

6. Release of Liability

- I agree to release Inphinite Wellness LLC and its practitioners from any liability for any adverse effects or perceived lack of results from Biomagnetic Pair Therapy.
- I acknowledge that I assume full responsibility for my own health and well-being during and after treatment.

Client Acknowledgment & Signature

I have read and understood this consent form. I have had the opportunity to ask questions and have received satisfactory answers. I voluntarily consent to receive Biomagnetic Pair Therapy at Inphinite Wellness LLC.

Client Signature: _____

Date: _____

Practitioner Name: _____

Practitioner Signature: _____

Date: _____