



Be Made Whole
— ENERGY SPA —

Client Informed Consent

Name of Client : _____ (or
legal guardian if patient is under 18 years)

Name of Practitioner : NELLY ELDRIDGE

Date : _____

You are about to receive services from Be Made Whole Spa for your health issues. The therapy, information and advice which you will be given pertains solely to you and will be based upon information revealed by yourself.

All data will be treated confidentially and stored according to the data protection act. Details of your case will not be revealed without your written permission to do so.

Should you wish to terminate the consultation at any time you are at liberty to do so.

Be Made Whole Spa does not claim to cure, prevent, treat or diagnose any medical condition.

Be Made Whole Spa and its claims have not been evaluated by any government agency or regulatory organization. Should you be concerned about a medical condition you seek advice from a qualified medical professional.

Signed : _____
(state if signature is parent or guardian)

Date : _____



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Disclaimer Form

(Please note that all references to “you,” and “your” refer to Nelly Eldridge, an individual.)

I (the undersigned) understand that the services you provide represent a non-medical approach to wellness. By engaging your services, I understand that you may provide guidance on diet, lifestyle, and/or supplementation; that **these are not medical services; and that this is not an emergency or mental counseling service.**

I understand that you are **not a licensed physician** and that you are only acting as a consultant and facilitator. I take full responsibility for any health protocol I choose to pursue, including the extent to which I do or do not follow such protocols, and agree to hold you harmless in regards to my (or those I represent) health experiences.

I understand that you make **NO ATTEMPT to diagnose, prescribe, prevent, or treat any medical disease**, but only to provide support for the body to improve and maintain itself. I also understand that consultations are based in part on the information I provide about myself, and therefore certify that all information provided about my health conditions and lifestyle (or about those I represent) is accurate to the best of my knowledge.

I acknowledge that you are hereby encouraging me to visit my physician for medical emergencies; acute viral, bacterial, or other physical/biochemical diseases; and any other condition that requires medical attention.

Finally, I confirm that I am at least 18 years of age, or am the parent or legal guardian of the client (named below) receiving your services and am answering this form on his or her behalf. I am fully competent to make my own health care decisions or to make such decisions on behalf of the client for whom I am signing.

I have read and understood this “Disclaimer Form.”

Client Name (Printed)

Client or Parent / Legal Guardian Signature

Date



Be Made Whole

ENERGY SPA

Waiver Form

Wellness and/or Energy Therapy

1. I fully understand that the attending practitioners are not allopathic doctors and do not portray themselves to be, but are wellness consultants and/or Biofeedback practitioners.
2. I fully understand the difference between the practice of allopathic medicine, holistic practitioners, and energetic and Biofeedback consultants.
3. I fully understand that the services provided by the attending practitioner is not allopathic, but strictly energetic or Biofeedback in nature.
4. I fully understand that the attending practitioner performs their services within the parameters of natural health care and wellness using Biofeedback and stress reduction or other energy therapies.
5. I fully understand that the attending practitioner does not offer allopathic drugs, surgery, chemical stimulants, radiation therapy or any other conventional treatments. In addition, he/she does not diagnose, treat or otherwise prescribe for my disease, conditions or illness.
6. I fully understand that my energy and stress parameters are being measured.
7. I presently seek counsel, advice, opinions related to energetic balancing, stress management or Biofeedback within the scope of attending practitioner's wellness and stress reduction practice. I am fully aware and release the energy practitioner to do Biofeedback and/or energy assessments.
8. I fully understand that the services provided by the attending practitioner are in the emerging field of energetic medicine, and may not be understood by all allopathic practitioners.
9. By signing below I acknowledge that I have read and understand all parts of this waiver and that I have the opportunity to ask any questions with regard to any services or therapies offered.

Signature: _____ **Date:** _____

Practitioner: NELLY ELDRIDGE