

Balance Me!

BioMagnetic Pairs Registration Packet—Bring this with you to your first appointment please

Date \_\_\_\_\_

For your BioMagnetic Pairs (BMP) session, please wear close-fitting cotton, linen, rayon, wool or other natural-fiber clothing and close-toed shoes without high heels. During your treatment, your clothes will remain on but you will need to remove your phone, iPod or other electronic device, wallet, belt, chains, watch, metal jewelry, etc. from your person. No one pregnant, having a pacemaker or other implanted medical device or metal surgically implanted in their body should receive BMP treatments. Removable medical devices must be removed during your treatment session. No one receiving chemotherapy within the last 12 months, or who is planning on receiving chemotherapy or radiation therapy should have a BMP treatment. Do you wear a transdermal drug delivery system? After a BMP session, many people find their depolarized cells will be more permeable or receptive and consequently the dosage of their medicines needs to be adjusted downward. Closely monitor your medications, prescriptions, and supplements you are currently taking and consult with your physician. It should be noted that BMP treatments will not interfere with medications, dietary regimes or lifestyle and is compatible with traditional and non-traditional health and medical practices. It is clean and natural, does no harm and is effective for over 80% of the people who try it.

Please do not come to your appointment fasting; rather, allow 1-1½ hour between your last meal and your session. Also please cut off fluids 1 hour before your appointment time so you can rest comfortably on the massage table the duration of your session. Drink extra water after your treatment. Be assured your comfort and concerns are our #1 priority and we want you to have the best experience possible today as we enjoy our time together for balancing your BMP.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Email \_\_\_\_\_

Personal Information you'd like to share: \_\_\_\_\_

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Please list past/present injuries, illnesses, vaccinations or surgeries; physical conditions or limitations we should be made aware of; pain or other issues you would like to address during your session; your reason for coming to consultation; etc:

I hereby acknowledge that the services and products were explained to me and I understand that these services and products are not meant to replace the services of my physician. If under a doctor's care and I use this information, products or services without my doctor's approval, I am assuming full responsibility and hereby fully and forever release Wrap Me llc and Sonja Gregory from any and or all liability. I am of lawful age and have read and fully understand the contents of this document and the complete terms and conditions herein. This agreement contains the complete agreement between the parties and no other guarantees or refunds will be given on products or services.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian \_\_\_\_\_