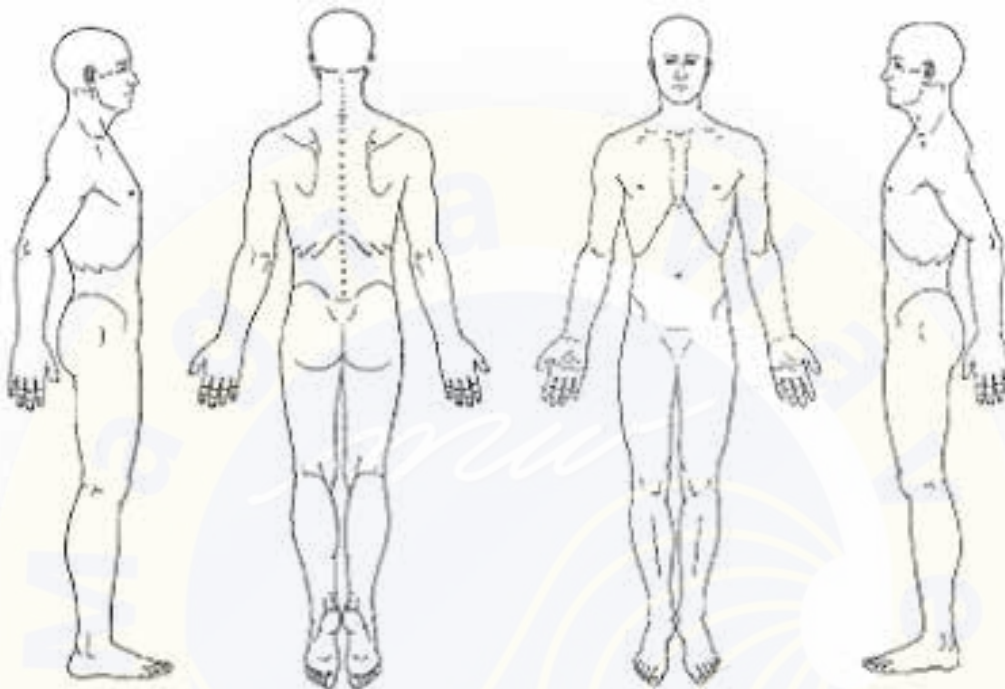


Initial Magna Wave Session Questionnaire



Shade any areas you are experiencing pain



I have a pacemaker **Yes | No**
 I have a defibrillator **Yes | No**
 I have and use hearing aids **Yes | No**
 I have and use an insulin pump **Yes | No**
 ~ *If yes can it be removed?* **Yes | No**
 I am pregnant **Yes | No | N/A**
 I have high blood pressure **Yes | No**
 I have low blood pressure **Yes | No**
 I have a history of lightheadedness, dizziness or fainting that has not been diagnosed by my PCP **Yes | No**
 I have or have had cancer **Yes | No**
 ~ *If yes what was the diagnosis?*

 ~ *If you are in remission, how long have you been in remission?* _____

I am currently undergoing chemotherapy **Yes | No**
 My chemotherapy treatments are scheduled to end _____ | N/A
 My last chemotherapy treatment ended _____ | N/A
 I have had surgery resulting in the placement of metal implants **Yes | No**
 ~ *If yes where?*

 I have a PCP **Yes | No**
 ~ *List any other wellness or alternative therapies you are participating in*

 List any other medical conditions and/or surgeries

PLEASE READ AND INITIAL THE FOLLOWING, AND SIGN BELOW:

_____ I consent to let my practitioner and Magna Wave use my photo for marketing and training purposes.
 _____ I understand that this Magna Wave PEMF treatment is not a replacement for medical care and that no diagnosis will be made
 _____ I understand that if I have a pacemaker, defibrillator, am pregnant or have any implanted device with a battery that cannot be removed I do not qualify for Magna Wave PEMF sessions.

Signature: _____
 Printed Name: _____