

CONSENT TO RECEIVE MICRO-CURRENT

“Micro-current” applications are very safe, and have not found to be associated with any harm. The technology works at a pico-current (trillionth) of an amp, much less than a “micro-current,” or TENS unit. It works at the level of the cell membrane, opening the ion channels of the cells, allowing nutrients to enter cells, and “toxins” to exit. In this method, the cells of the body are receiving electrical stimulations at “biologically-correct” levels. The concept of the application of the technology is to support cellular repair, functions, and maintenance to help relieve pain, increase circulation, decrease inflammation, increase range of motion, and accelerate injury recovery.

Only out of an abundance of caution are there contra-indications for micro-current applications which are pacemaker and pregnancy (even though, theoretically no known harm should be caused during pregnancy by electrical stimulations at this low amperage, nor cause dysfunction of a pacemaker since this is the level that nerves and cells function already).

By signing this form, I acknowledge that the concept of the application of use of the “micro-current” device and application, has been explained to me, including any potential significant risks and benefits, and I hereby give my consent to receive micro-current applications for myself, and/or for any minors for whom I am the parent or legal guardian. I understand that it is my responsibility to discuss and receive any and all appropriate medical treatment(s) for my (or the minor’s) health concerns, including the health concern for which I am receiving (or the minor is receiving) micro-current applications, with my personal health care provider, before, or concurrently with any micro-current applications. I understand that Shannon Gotham is not providing medical treatment, medical advice, nor making any medical claims as to the effectiveness of the micro-current applications.(Effectiveness is dependent upon many factors, including nature of tissue damage, state of health, nutritional status, and compliance.)

Also, I understand that micro-current applications are not recognized by third-party payors, such as health insurance providers, and I do not hold Shannon Gotham responsible for their lack of payment.

For person, parent or legal guardian signing this form: I hereby give my consent to receive micro-current applications to my body, or to any minor’s body (for whom I am the parent or legal guardian), and that the person(s) receiving the micro-current applications do not have a cardiac pacemaker, nor is pregnant. And, should either of these circumstances change, I will notify Shannon Gotham, and not receive micro-current applications.

Technician acknowledges by signing this form that the person receiving micro-current applications has no contraindications of a cardiac pacemaker, nor is pregnant:

Technician Name

Signature

Date

I agree to receive in-home micro-current applications:_____

I agree to receive in-office micro-current applications:_____

Name of Person Receiving Micro-Current Applications: _____

Parent (or Legal Guardian) if under 18 years of age: _____

Signature of Person Granting Consent: _____ Date: _____