



Bio Electric Lymph Drainage

Please Print Name _____ Date _____

Is there anything specific you would like to work on during the session? _____

CONTRAINDICATIONS

Prior to having a Bio Electric Lymph Drainage (BELD) session it is important to read the following, since there are certain health contraindications (condition or factors that serve as a reason to withhold treatment).

- I understand that if I have found breast lumps, cysts or any other symptoms on the breast or other parts of the body; they should be thoroughly checked by a medical Doctor. If necessary you may need to have further clinical tests before undergoing BELD treatment.
- I understand that if I have cancer or I am undergoing treatment for cancer it is my responsibility to seek advice from my consulting doctor before I receive BELD treatments.

I understand that I cannot undergo BELD treatment if: (please circle yes or no)

YES/NO I have had any significant trauma recently? (auto accident – falls – etc. in the last six months)

YES/NO I am pregnant (unless referred by consulting Doctor)

YES/NO I have an electrical implant or pace maker

YES/NO I have had recent surgery (within the last 4 weeks)

YES/NO I have any pins, staples or metal plates anywhere in my body (within the last 6 months)

Please read carefully before signing

“The purpose of Renewed Health & Wellness Inc. and all our staff is to provide services and offer information to clients. Our services and information are for the purpose of vocational and self-improvement. All procedures are directed towards the establishment of this goal.”

I have been made aware of all contraindications and I am not intentionally withholding information about my health. I am agreeing to office policies and procedures of Renewed Health & Wellness Inc.

Signature: _____ **Date:** _____