



## J & L Balanced Living LLC

### BioScan Release Form *(must be filled out completely to receive evaluation)*

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

How do you prefer to be contacted?  E-mail  Phone  Mail  Fax

Have you received a BioScan evaluation previously? Yes  No

If yes, where? \_\_\_\_\_

#### **By signing this request, I confirm that I:**

- Understand that I will be using a galvanic skin response measurement device to collect bioelectrical impedance measurements ("meridians").
- Understand that this device delivers 1.2-2.4 volts DC, 150 – 500 milliamps of current, and is certified to meet internationally-recognized electrical safety standards.
- Am not pregnant.
- Do not have any implanted electrical/electronic devices (e.g., pacemaker, stimulator for Parkinsonian symptoms, automatic defibrillator, neuromuscular stimulator, etc.).
- Do not have any medical or other conditions that would preclude the use of this device.
- Am not otherwise acting against the advice of my healthcare provider.

**Any communicable diseases must be disclosed prior to testing.**

Signature: \_\_\_\_\_

