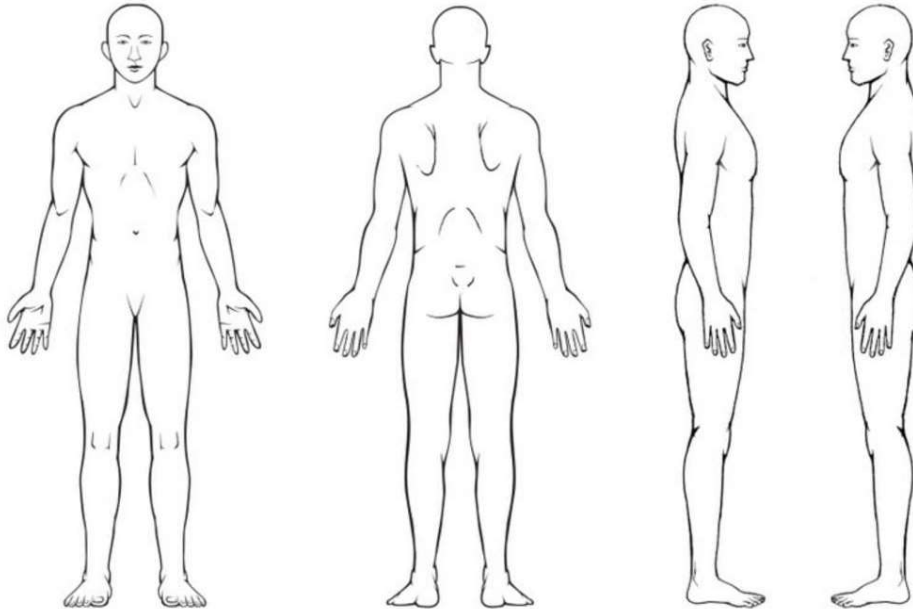


## HUMAN Intake Questionnaire



**Shade any areas you are experiencing pain**

I am **Male / Female / Prefer Not to Answer**  
 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**  
 \*I am breastfeeding **Yes / No**  
 I have high blood pressure **Yes / No**  
 I have low blood pressure **Yes / No**  
 I have a history of light-headedness, 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 an organ transplant **Yes / No**  
 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:**

- \_\_\_ I understand that PEMF therapy is not a replacement for medical care and no diagnoses will be made.
- \_\_\_ I understand that if I have a pacemaker, am pregnant, had an organ transplant, or have any kind of implanted device with a battery that cannot to removed I do not qualify for PEMF therapy.
- \_\_\_ I consent to letting MearaPulse Therapies use my photos for marketing or training purposes.

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_