

Health Consultant Form

Regarding the Microcurrent device, I hereby understand, attest, and acknowledge that:

- The manufacturer does not make any claims about being able to diagnose, cure, mitigate, treat or prevent any condition or disease.
- The use of frequencies as a therapeutic tool has not been evaluated by the FDA.
- It is the manufacturer’s intention to be in compliance with all FDA regulations.
- The devices have 510K approval in the category of TENS devices for the treatment of pain.
- There is no way to know exactly what the frequencies are doing to specific conditions and issues.
- Descriptions of the conditions and tissues being treated are only a model for what is happening.
- The manufacturer can make no claims about the device’s effect on specific conditions or tissues.

Regarding participation in Frequency Specific Microcurrent sessions, I hereby understand, attest, and acknowledge that:

- The practitioner does not make any claims about being able to diagnose, cure, mitigate, treat or prevent any condition or disease.
- I (the consumer) shall not hold the practitioner liable for any damages caused, or perceived to be caused, by participation in Frequency Specific Microcurrent sessions.
- I (the consumer) am not pregnant, and if I become pregnant during the course of Frequency Specific Microcurrent use, I will be required to discontinue use.
- I (the consumer) have not taken, nor am I taking, nor will I take cholesterol-lowering (statin) medications during the course of participation in Frequency Specific Microcurrent sessions.

I (the consumer) am not with any Regulatory Board or Governing agency. I am here of my own free will in an effort to gain a better understanding of my degree of “health”, not disease, and to learn to utilize self-care programs.

Jill Warner is NOT a medical doctor, nor does she pretend to be one. She does not diagnose, treat or prescribe prescriptions for disease: that requires a medical license from the State of Colorado. I do understand that Jill is certified in the use of a Frequency Specific Microcurrent Device, however no state offers a license for Frequency Specific Microcurrent Technicians at this time.

It has been made clear to me that my visits do not constitute, nor act as a replacement for medical examinations. I understand that information I receive is strictly informational, and not for diagnostic purposes. In the event a medical problem is suspected, I will be referred to a licensed M.D., D.O. or D.D.S., whichever is appropriate.

I understand that I may be offered a homeopathic remedy or supplements/dietary changes at my visits.

Signature _____ Date _____

Name- please print _____ Phone _____

Address _____ City _____ State _____ Zip _____

e-mail _____

Referred by _____ Parental signature for minors _____