

Naomi Caspe & Doug Kipping

QUANTUM BIOFEEDBACK INTAKE FORM AND AGREEMENT

Naomi Caspe & Doug Kipping are focused on improving your health and well-being naturally. As Biofeedback Specialists our goal is to find non-drug therapies to complement your health. Evidence based therapies like nutrition, herbal, prayer, spiritual coaching, homeopathy, awareness training, imagery, meditation, cybernetic biofeedback will be employed as appropriate. Both validation and verification are important. Client/Patient safety is my primary concern. Natural process, awareness, drugless, and safe subtle energetic therapies are the skillful interventions utilized to help you. The goal is to help you increase your wellness and awareness while decreasing your stress and stressor levels.

Naomi Caspe & Doug Kipping are at no time trying to replace your primary care doctor, however, are complementary to your primary care doctor. Lifestyle and symptom questions are pertinent to understanding your current state of health, and provide for awareness for both parties, increase insight into your health as to the causative factors.

By signing this agreement, I acknowledge that Naomi Caspe & Doug Kipping will not be diagnosing any disease and through the use of the biofeedback training programs, we as Certified Biofeedback Specialists are trained to provide stress reduction and stress management.

Full Name at Birth _____

Current Address _____

Email _____ Cell Phone _____ Home Phone _____

Birth Place, City, State, Country _____ Birth Time _____

Referred by _____ Today's Date _____

BIOFEEDBACK

Biofeedback is a complementary and alternative medicine technique which enables an individual to learn to change some physiological activities for improving health. With biofeedback, you will be connected to the biofeedback device with sensors to measure and receive information (feedback) about the body (bio). The biofeedback sensors use mild electrical impulses that measure skin temperature known as Electro Dermal Response (EDR), which teaches the individual to make subtle bodily changes, such as relaxing certain muscles to achieve desired results, such as reducing pain. Biofeedback is often used as a relaxation technique.

The instrument utilized in the training session is called a biofeedback system, which requires that the client connect to the system with a head band, ankle and wrist straps to measure EDR. The scope of my practice using this biofeedback system includes stress reduction training programs for relaxation training, pain management, muscle re-education and brainwave training. Although this training is expected to produce beneficial results, such results cannot be guaranteed. Biofeedback training is a complement, not a substitute for medical or psychological treatment, and any ongoing treatment should not be discontinued with advice of your treating physician.

CONFIDENTIALITY

Client information will be kept in confidence and will not be disclosed to anyone outside of Naomi Caspe & Doug Kipping without your written consent, unless as is required by law.

PAYMENT FOR SERVICES

I agree to pay for services by credit card, check, or cash when services are rendered, unless some other arrangement has been prearranged. In the event of a returned check, I agree to pay full restitution plus an additional \$25 fee. I understand that I can provide credit card information to Naomi Caspe & Doug Kipping to be used for billing of current and future visits. I understand that remote biofeedback sessions are available to me.

ARBITRATION

I agree that in the event Naomi Caspe & Doug Kipping and I are unable to reach an amicable solution to any issues between us, we both agree to accept the decision of the attorney arbitrator of the Natural Therapies Arbitration Council as the final settlement of our differences. I understand this service is provided through the Biofeedback Association of North America (800-985-0819) at no cost to me. I further understand that if the arbitrator finds against me, I will not be required to pay a penalty above whatever amount the arbitrator finds is due, fair, and equitable.

CONSENT

Your signature below indicates that you have read and understand the information in this document and that you consent to biofeedback training under the provisions stated. If you do not understand or consent to anything stated in this document, it is your responsibility to request and receive clarification before signing.

CLIENT WARRANTY

By signing below, I acknowledge that I have read and understand this document and have received acceptable answers to all my questions about biofeedback services. I consent to receive biofeedback support from Naomi Caspe & Doug Kipping. I warrant I am not under duress at this time and consent is given voluntarily and without coercion. I further understand I may discontinue biofeedback training at any time and that I may refuse to participate in any or specific training without penalty.

Signature of Client/Patient or Guardian

Date