

# Indigo Interprises

Energetic Balancing for Your Health & Well-being

Marta S. Hotell, CBT

## Client Consent & Waiver Form (Confidential)

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

Full Name at Birth: \_\_\_\_\_

Any Other Names Used: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Work Phone : \_\_\_\_\_

Cell Phone : \_\_\_\_\_

Female

Male

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work City: \_\_\_\_\_

Work State: \_\_\_\_\_ Work Zip Code: \_\_\_\_\_

Person to contact in case of an emergency: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Work Phone : \_\_\_\_\_

Describe any concerns and your objectives in seeking wellness services here:



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I understand that the attending practitioner is not an allopathic doctor (MD) and does not portray to be. I understand that the practitioner is providing biofeedback and wellness services. I understand that the services provided identify energetic imbalances through stress reduction protocols and biofeedback.

I fully understand that the attending practitioner does not offer allopathic drugs, surgery, chemical stimulants or any other conventional treatments. In addition, the practitioner does not diagnose, treat, or otherwise prescribe for any diseases, conditions or illness, or perform any act that would constitute the practice of medicine for which a license is required.

I have solicited the attending practitioner's services in good faith, exercising my free will and following the dictates of my own conscience which allows me to select what I understand is most beneficial to my health. I am fully aware and release the practitioner to do biofeedback testing, wellness consultation and other stress reduction protocols.

I further understand that biofeedback is not a substitute for effective standard medical, chiropractic or psychotherapy treatment or veterinary treatment for my pet. Marta S. Hotell has advised me to continue ongoing medical treatment and therapies until otherwise advised by my psychotherapist, physician or medical practitioner. I understand it is important for me to stay in close communication with my physician. I further understand it is my responsibility to ask my medical doctor for permission to undergo biofeedback training if I wear a pacemaker or have any medical condition that may be exacerbated by relaxation.

By signing below I acknowledge that I have read and understand all parts of this waiver, that I had the opportunity to ask any questions with regard to the described procedures and that I hereby affirm: I am not here for medical diagnosis or treatment procedures and I am here on this and any subsequent visit solely on my own behalf.

I agree that in the event Marta S. Hotell 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 Association as final settlement of our differences.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of guardian if client is a minor

\_\_\_\_\_  
Signature of guardian if client is a minor

Return to: **Marta S. Hotell, CBS**

Cell: (408) 499-2422 • Fax: (831) 603-3255

marta@indigoenterprises.com • www.indigoenterprises.com