

Please rate your health (circle one):

How often do you exercise?

Are you sensitive to energy?

No Not sure Somewhat Definitely

Check any that apply:

- ☐ Immunosuppressive therapy medication as a result of organ transplantation
- ☐ Immunosuppressive therapy medication as a result of allogeneic cellular transplantation or bone marrow stem cell transplantation
- ☐ Anticoagulant therapy with Ribaroxaba (Xarelto®)
- ☐ Deep Vein Thrombosis (DVT)

☐ Wet Macular Degeneration ☐ Aneurysms

☐ Pregnant ☐ Stress ☐ Fatigue ☐ Poor Sleep ☐ Discomfort ☐ Low Energy

☐ Poor circulation ☐ Poor concentration ☐ Difficulty Elimination ☐ Skin Issues

The above statements are true and accurate. By signing below, I consent to a BEMER micro-circulation session.

Signature: _____ **Date:** _____