The Rehabilitator using the papimi™

Informed Consent Form

Please answer the following questions on your past or present medical history with (Y)ES or (N)O. If you are not sure, answer (Y)ES

Could you be pregnant, or are you attempting to become pregnant? _____

Do you currently have any of the following implants?
_____ Metal → If so, where? _____
_____ Metallic Stents
_____ Pacemaker
_____ Infusion Pump
_____ Cochlear Implant
_____ Other electrical implants:

Do you have any of the following problems?
_____ Acute pain
_____ Chronic pain
_____ Incontinence
_____ Eupepsia / gastrointestinal tract
_____ Haematemesis/melaena
_____ Recent Transplant Surgery

What score out of 6 would you rate the following? (where 6 represents as good as can be and 0 represents as worst as can be)
_____ Quality of sleeping
_____ Daily subjective well-being
_____ Concentration
_____ Quality of wound healing
_____ Bowel movement during the day
_____ Circulation
_____ Quality of stress (i.e. 0 = extremely stressed)
_____ Other

Do you have pain/issues with the following?

LEFT	RIGHT	
_____	_____	Head
_____	_____	Spine
_____	_____	Shoulders
_____	_____	Arms
_____	_____	Hands
_____	_____	Hips
_____	_____	Knees
_____	_____	Legs
_____	_____	Ankles
_____	_____	Feet
_____	_____	Bone Marrow Oedema
_____	_____	Other joints

Please tick which below applies to you:

	TOO HIGH	NORMAL	TOO LOW
BP			

	0-10 years
	70 + years
	< 45 kg
	45 - 90 kg
	91-136 kg
	>136 kg

I, _____ hereby consent and authorise the clinician at:
(Write name in bold capitals)

_____ to administer the Rehabilitator Treatment

using the the papimi™ to:

Me ☐ **(tick as applicable)**
My child ☐ **(tick as applicable)**
My relative/associate ☐ **(tick as applicable)**
(over whom I have power of attorney).

_____
(Name of patient in bold capitals)

Informed Consent Form

In doing so, I hereby acknowledge the following (on behalf of the represented patient who will be expressed in the first person):

- I have placed all metal objects (i.e. car keys, mobile telephones, jewellery), cards with a magnetic strip (i.e. credit/library card) and any other electronic devices far away from the applicator.
- I have deposited all the above items at least 7 feet (2m) away from the therapeutic device.
- I understand that I may perceive an initial increase in pain/nausea like symptoms during or after the treatment for up to 48 hours. Generally, there is an improvement after about 2 treatments.
- I will be 'scanned' during the first treatment lasting between 6-9mins, according to which the therapy will be determined. Treatments ideally should be performed twice a week, however, in some 'acute' cases, more frequently. These sessions may last longer than 6-9mins depending on the number of foci selected for therapy.
- I have been given the opportunity to ask any questions I might have regarding the Rehabilitator Treatment, and the clinician has answered my questions.
- I have informed the clinician of my current health status and therapies and I agree that it is my responsibility to keep the clinician aware of changes in my condition, or therapies, for every session.
- I have been informed that I may refuse treatments at any time, or even terminate a treatment whilst being scanned or treated by asking the clinician to stop.
- The information I have provided is true and accurate to the best of my knowledge. The potential risks for all the above questions I have answered 'yes' to has been explained to me and I have been given the opportunity to speak to my doctor about this.

Authorised Signature:

_____

_____ _____

Date **Clinician Signature**