CONSENT TO BIO-TUNING THERAPY

- **I hereby request and consent to the performance of Bio-Tuning therapy.** I understand that this method of treatment may include sound emitted through headphones, vibrations emitted through a sound table, and the application of heart rate sensors to my body.
- **I understand that Bio-Tuning is a safe method of treatment, but that it may have side effects** right after treatment including grogginess, sleepiness, or a sense of disorientation. I understand that in order to receive this treatment, I must lie on my back for 30-60 minutes.
- **I understand that while this document describes the major risks of treatment other side effects may occur.**
- **I will notify Dr. O'Leary of any unanticipated or unpleasant effects** associated with Bio-Tuning therapy.
- **I do not expect Dr. O'Leary to be able to anticipate and explain all possible risks and complications of treatment**, and I wish to rely on Dr. O'Leary to exercise judgment during the course of treatment which she thinks at the time, based upon the facts then known, is in my best interest.
- **I understand that results are not guaranteed**. I understand that Bio-Tuning does not replace advice or treatment by my primary care physician. I understand that there may be other treatment options and that Bio-Tuning is not a required procedure.
- **I understand that I may ask questions regarding my treatment before signing this form and that I am free to withdraw my consent to discontinue participation in Bio-Tuning at any time.** With this knowledge, I voluntarily consent to Bio-Tuning for my present condition and for any future condition(s) for which I seek treatment, realizing that no guarantees have been given to me regarding cure or improvement.

Please list any major health concerns/ conditions you have: ______________________________

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What do you hope to address with Bio-Tuning? ______________________________

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______________________	______________________	__________
Patient Name (Printed)	Signature	Date
______________________	______________________	__________
Guardian/Representative Name (Printed)	Guardian/Representative Signature	Date

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