🌿 Smiling Sage Wellness – Coil Treatment Intake Form 🌿

🌿 **Personal Information –** *May we send you mail, call, text or email? ☐ Yes ☐ No*

- **Name:** _____
- **Date of Birth:** _____**Phone Number:** _____
- **Email:** _____
- **Address:** _____
- **Emergency Contact:** _____
  Relationship: _____ **Phone Number:** _____

🌿 **Reason for Visit**

_____

_____

_____

🌿 **Referral** - Who referred you to Smiling Sage Wellness? _____

🌿 **Health History -** (Please check any that apply)

☐ High / Low blood pressure
☐ Heart conditions
☐ Diabetes
☐ Autoimmune disorder
☐ Pregnant
☐ Mental Illness (Bi Polar, Depression, etc.)
☐ Heart Devices (Pacemaker, Defibrillator, Monitor, etc.)
☐ Insulin Pump
☐ Implants (Electrical Devices, Communications, etc.)
☐ Other: _____

🌿 **Medications & Supplements**

Are you currently taking any medications or supplements?

_____

_____

🌿 **Signature**

I confirm the information above is true and accurate to the best of my knowledge.

Signature: _____ **Date:** _____

🌿 Consent to Share Information

I hereby give my consent for Smiling Sage Wellness and its representatives to share relevant health, wellness, or service-related information with other practitioners or professionals involved in my care, as needed, for the purpose of coordination and continuity of support. I understand that any information shared will be treated as confidential and only disclosed with discretion and respect for my privacy. I may revoke this consent at any time in writing to Smiling Sage Wellness PO Box 635, Hot Springs, SD 57747.

Signature: _____ **Date:** _____

🌿 Acknowledgment of Experimental Treatment & Assumption of Risk

I acknowledge that the services, treatments, and technologies used by Smiling Sage Wellness and its practitioners may be considered alternative or experimental and are not intended to diagnose, treat, cure, or prevent any medical condition as defined by conventional standards. I understand that these treatments are not recognized by licensed medical authorities and have not have been evaluated by the FDA or other regulatory agencies. Any claims or healing stories expressed by Smiling Sage Wellness or its practitioners are purely antidotal and not medical facts. It is my duty to tell the practitioner if I feel pain or discomfort during or after the session.

By participating voluntarily, I assume all risks associated with the use of these experimental services/treatments and release Smiling Sage Wellness, its practitioners and associated companies from any and all liability for any outcomes, side effects, or injuries that may result. I understand it is my responsibility to consult with my licensed healthcare provider regarding any medical concerns before, during, or after participation.

Signature: _____ **Date:** _____

🌿 Additional Consent for Minor Participant

I understand that participation in these services may carry certain risks or unknown outcomes, and I voluntarily give consent for the minor named below to participate. I assume full responsibility for any and all risks, outcomes, or effects that may result, and I release Smiling Sage Wellness, any associated companies and its practitioners from all liability.

Minor's Full Name: _____ **Date of Birth:** _____

Parent/Guardian Name: _____ **Relationship:** _____

Signature of Parent/Guardian: _____ **Date:** _____