

## Permission and Authorization Form

Regarding the use of Bio-Energetic testing (Qest or Asyra) and Kinesiology assessment and recommendations.

### Practice Statement

I, Debra Sawyer am not a medical doctor, licensed physician or registered dietician. I am a wellness consultant, bio-energetic practitioner and advocate of natural health and wellness. My bio-energetic and natural health assessment techniques with recommendations of natural products are not a substitute for medical and/or dietary treatment for disease.

I work in an effort to balance the energy meridians of the body, including the biological terrain and immune system. However, the implementation of any lifestyle changes or stress reduction techniques, as well as the use of homeopathics, herbs, vitamins, minerals, or foods that one might use or avoid, in an attempt to balance the body and its meridians, are not prescribed treatments or courses of therapy, but recommendations designed to stimulate the body to make changes on its own. It is entirely upon your own free will and choice.

### Read this before signing

I authorize Debra Sawyer to perform a health analysis and to develop a program for me designed to improve my health and not for treatment or cure of a disease.

I understand that a bio-energetic assessment is safe, noninvasive method of analyzing the body's physical, emotional, and nutritional needs. Imbalances or deficiencies in these areas could cause or contribute to various health problems.

I understand the above techniques are a means by which the body's natural energy can be used as an aid to determine possible imbalances, so as a safe and naturally based program can be developed for the purpose of bringing about an optimum state of health.

### Payment Policy

- Charge for Scan and evaluation is 130.00. Includes one frequency bottle.
- Recommended tools and nutritional supplements are an additional charge, by choice.
- Late cancelation (under 24 hours) and no show fees are charged at ½ the scheduled rate

### Signature required

\_\_\_\_\_  
I, (print) \_\_\_\_\_ understand the above information and take responsibility to do what I can to improve my health through incorporating recommendations from my health assessment into my life.

### Contact information for this office only.

Address \_\_\_\_\_  
\_\_\_\_\_

Phone(C) \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_  
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