



# CALM HealthWorks

229 Center St. Auburn, ME 04210 207-784-7287  
calmhealth@roadrunner.com www.calmhealthworks.com

## Rejuvenation Room Intake Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Occupation and/or Place of Employment:

\_\_\_\_\_

How did you hear about us?

\_\_\_\_\_

Check off any of the following which are true for you:

- I have had major surgery/operation within 3 mos. (Chi)
- I have a broken bone. (Chi)
- I have a serious infection or bleeding injury. (Chi & HH)
- I have serious heart disease. (Chi)
- I am pregnant. (Chi & HH)
- I have eaten more than a snack in the past 30 minutes. (Chi)
- I have epilepsy. (Chi)
- I have a pacemaker. (HH & ERE)
- I have a defibrillator. (HH & ERE)
- I have had organ transplants. (Chi, HH & ERE)

I certify that I am a responsible adult over 18 years of age and am responsible for my own health and well-being and or the health/well-being of the dependent minor in my care. I am exercising my free will by choosing to use the units in the Rejuvenation Room. I understand these machines do not treat diseases. I understand anyone associated with CALM HealthWorks, LLC does not treat or diagnose medical conditions including diseases.

I freely sign this waiver of consent and neither I, my family, nor my representative(s) will hold the equipment manufacturer, CALM HealthWorks, or their employees responsible for my personal choice to use the units in the Rejuvenation Room nor will I hold them liable for any changes or variations of the law after the time of my dated signature below. I also waive any liability on behalf of the technician serving me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date