

CONSENT FORM

Strengthening of the Gluteal Muscles

Are you or have you been affected by any of the diseases or characteristics below?

unauthorized use	Possible use outside the area	With a doctor's note
— Electronic implant Y <input type="checkbox"/> N <input type="checkbox"/>	— Implantable chamber catheter (port-a-cath) Y <input type="checkbox"/> N <input type="checkbox"/>	— Pulmonary insufficiency Y <input type="checkbox"/> N <input type="checkbox"/>
— Cardiac pacemaker or implanted defibrillator Y <input type="checkbox"/> N <input type="checkbox"/>	— Recent surgery (1 year) Y <input type="checkbox"/> N <input type="checkbox"/>	— Heart trouble Y <input type="checkbox"/> N <input type="checkbox"/>
— Implanted neurostimulator Y <input type="checkbox"/> N <input type="checkbox"/>	— Metal implant Y <input type="checkbox"/> N <input type="checkbox"/>	— Stroke Y <input type="checkbox"/> N <input type="checkbox"/>
— Fever Y <input type="checkbox"/> N <input type="checkbox"/>	— Bruise Y <input type="checkbox"/> N <input type="checkbox"/>	— Pulmonary embolism Y <input type="checkbox"/> N <input type="checkbox"/>
— Pregnancy Y <input type="checkbox"/> N <input type="checkbox"/>	— Skin area without sensitivity Y <input type="checkbox"/> N <input type="checkbox"/>	— Remission of cancer <small>less than 5 years ago</small> Y <input type="checkbox"/> N <input type="checkbox"/>
— Breastfeeding Y <input type="checkbox"/> N <input type="checkbox"/>	— Injured or otherwise altered muscle Y <input type="checkbox"/> N <input type="checkbox"/>	— Phlebitis Y <input type="checkbox"/> N <input type="checkbox"/>
— Copper IUD (in the area) Y <input type="checkbox"/> N <input type="checkbox"/>		— Epilepsy Y <input type="checkbox"/> N <input type="checkbox"/>
— Active cancer Y <input type="checkbox"/> N <input type="checkbox"/>		
— Metallic jewelry (genital area) Y <input type="checkbox"/> N <input type="checkbox"/>		

Other information Needed	Have you been Pregnant? Y <input type="checkbox"/> N <input type="checkbox"/> ↳ Cesarean <input type="checkbox"/> Natural birth <input type="checkbox"/>	Do you have Hypertension Y <input type="checkbox"/> N <input type="checkbox"/> Controlled Y <input type="checkbox"/> N <input type="checkbox"/> Do you have Hypotension Y <input type="checkbox"/> N <input type="checkbox"/> Controlled Y <input type="checkbox"/> N <input type="checkbox"/> Do you suffer from Constipation? Y <input type="checkbox"/> N <input type="checkbox"/> Do you suffer from Ulcerative Colitis? Y <input type="checkbox"/> N <input type="checkbox"/> Do you suffer from Crohn's Disease Y <input type="checkbox"/> N <input type="checkbox"/> Do you suffer from Fibromyalgia? Y <input type="checkbox"/> N <input type="checkbox"/> Do you suffer from Endometriosis? Y <input type="checkbox"/> N <input type="checkbox"/>
	Do you take Anticoagulants Y <input type="checkbox"/> N <input type="checkbox"/> ↳ Prevention <input type="checkbox"/> or Diagnosis <input type="checkbox"/>	

I understand that results may vary from person to person and that an exact result cannot be predicted. It is necessary to complete a full series of treatments to maximize the effectiveness of the treatment. Customer initials

I have read the above information, and I request and give my consent to be treated with B-Pulse from this practice and its designated personnel. Customer initials

My signature below indicates that the above information is accurate and up to date.

Name (in block letters):

Phone Number: Mail Address:

CUSTOMER SIGNATURE: PROFESSIONAL'S SIGNATURE

Date Date

Possible Sensations During the Session

- **Felt Muscle Contraction:**

The pelvic floor muscles are activated by the stimulation, resulting in contractions similar to those felt during a targeted workout.

- **Muscle Cramps:**

A temporary feeling of tightness may appear in the treated area, indicating a normal muscular reaction to the stimulation.

- **Warm Sensation:**

A slight increase in temperature may be felt due to increased muscle activity and blood circulation.

- **Vibrations:**

Pulsed electromagnetic fields may cause a vibration sensation in the treated area, contributing to the gradual strengthening of the muscles.

- **Numbness Sensation:**

As the session progresses, the pulsed electromagnetic fields may cause a numbness sensation in the intimate area.

Potential and Rare Side Effects After the Session

- Muscle Fatigue
- Overactive Bladder
- Light Bleeding
- Cramps or Menstrual-like Pain
- Numbness in the Intimate Area
- Headaches
- Fatigue
- Temporary Increase in Symptoms

Client
Initials