

Ignite Now Kinesiology Consent Form

By submitting this form, I confirm the following:

I understand that all clinic notes are confidential and will be kept for a minimum of 7 years. The information I provided on this form is accurate to my knowledge. I give consent for kinesiology balances and have the right to withdraw at any time. I will communicate information, such as pain or discomfort levels, throughout the session to ensure my own safety and effectiveness of the session. I acknowledge that there may be post-treatment effects including but not limited to feeling very relaxed, emotional, muscle soreness, tenderness and headaches.

I understand that Kinesiology sessions are not meant to diagnose or treat any disease or illness. Any decisions about a specific action, or course of action, are mine, and I accept full responsibility for the outcome of those actions. Results may vary and any outcomes of treatment cannot be guaranteed. I acknowledge that working with a Certified Kinesiologist is not a substitute for other professional services including but not limited to medical, financial, legal, or psychological.

I give permission for future contact regarding related information via mail, email, or phone.

By submitting this form, I acknowledge that I have read this form and understand that my results depend on me.

Name: Sandi Glover

Date: 28/6/25

Consent:

☒ Yes

Signature:



How did you find Ignite Now Kinesiology

- ☐ Google search
- ☐ Google Add
- ☐ Social media
- ☐ Referral
- ☐ Beach Acupuncture and Wellness Lounge