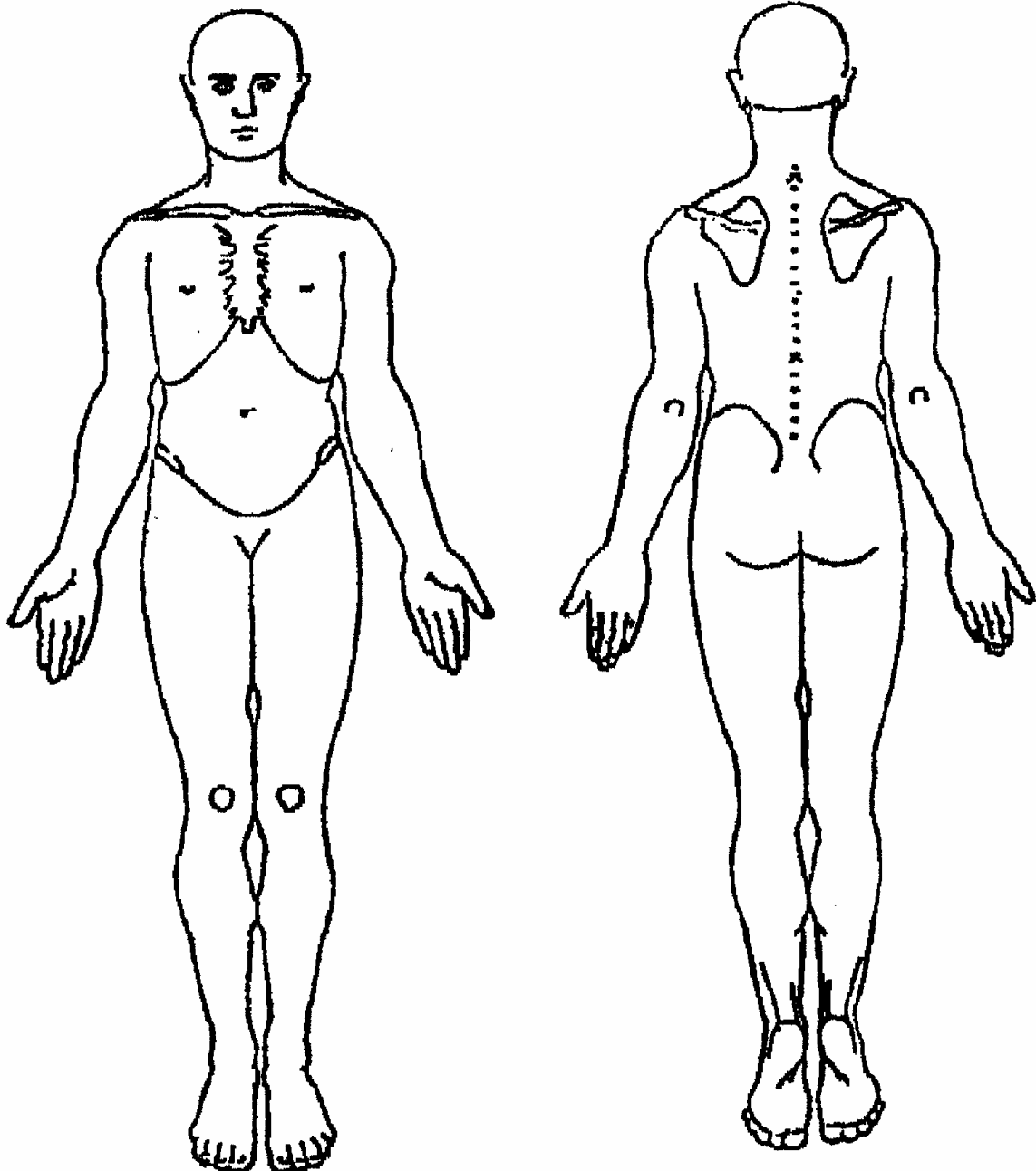


CYMATHERAPY™ BIORESONANCE PAIN/PROBLEM DRAWING

Name: _____ Date: _____

Time: _____ Record Number: _____

Directions: on the diagrams below, shade in the areas where you have pain/problem in **RED INK**.



CYMATHERAPY™ BIORESONANCE BASELINE VISUAL ANALOGUE SCALE

Name: _____ Date: _____

Time: _____ Record Number: _____

DIRECTIONS:

1. The following is a Visual Analog Scale.
2. It is rated from 0 (no pain) to 10 (severe pain).
3. Please make a mark on the scale to identify how much pain you have.

No Pain 0 | 5 _____ | 10 Severe Pain

1. Is your pain constant? YES NO
2. If your pain is not constant, how long does it last? _____
3. How many times per day do you have pain? _____

CYMATHERAPY™ BIORESONANCE FOLLOWUP VISUAL ANALOGUE SCALE

Name: _____ Date: _____

Time: _____ Record Number: _____

DIRECTIONS:

1. The following is a Visual Analog Scale.
2. It is rated from 0 (no pain) to 10 (severe pain).
3. Please make a mark on the scale to identify how much pain you have.

No Pain 0 |-----| 10 Severe Pain

1. Is your pain constant? YES NO
2. If your pain is not constant, how long does it last? _____
3. How many times per day do you have pain? _____

Health History

Cyma therapy®

Name: _____ Date: _____ Time: _____

Height: _____ Weight: _____ DOB: _____ Gender: Male Female

Address: _____ State/Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Occupation: _____

Physician: _____ Phone: _____

Location/address: _____

In Case of Emergency Please Notify:

Name: _____

Relationship: _____

Address: _____

Phone: _____

1. Are you under the care of a physician, chiropractor, or other healthcare provider for ANY reason? YES NO If yes, please list reason:

2. Are you taking any medications? YES NO
If yes, please list; use the back of this page if more room is needed.
NAME DOSE / FREQUENCY

3. Do you have any allergies? YES NO If yes, please list:

4. Are you pregnant? YES NO N/A

5. Do you have any implanted medical devices such as: a Pacemaker / Defibrillator, Insulin Pump, or Infusion Device to dispense pain medication?

6. Has your doctor or healthcare provider ever told you that you have a bone, joint or muscle problem? If so, please explain it in your own words.

7. Have you had any surgery in the past? YES NO If yes, please list:

8. Have you ever experienced any chest pain or discomfort? YES NO

9. Do YOU, or a family member, have a history of the following conditions?

Heart disease _____
Heart attack _____
High blood pressure _____
High cholesterol _____
Gout _____
Chest pain (angina) _____
Diabetes _____
Asthma or Shortness of Breath _____
Other respiratory or heart condition _____

10. Do you smoke? YES NO If yes, please describe the type and amount per day:

11. Do you consume alcoholic beverages? YES NO If yes: daily weekly occasionally/socially

12. Do you use recreational drugs? YES NO

13. Please describe any past or current musculoskeletal conditions you have incurred (i.e.: muscle pulls, strains/sprains, fractures, surgery, back pain, or general discomfort).

Head / neck _____
Upper back _____
Shoulder / clavicle _____
Arm / elbow _____
Wrist / hand _____
Lower back _____
Hip / pelvis _____
Thigh / knee _____
Lower leg _____
Ankle / foot _____

14. Are you on a special diet for any reason? YES NO _____

15. Do you take any dietary supplements, multivitamins/herbal-nutraceuticals?
 YES NO If yes, please list, use the back side of this page if more room is needed:

16. Have you recently experienced any rapid weight gain or loss? YES NO

17. How many caffeine-containing beverages do you consume in an average day?

18. Do you follow any regular exercise program or sports activity? YES NO

19. Have you ever experienced a loss or any stressful life changing event? YES NO

20. Have you ever been a victim of physical or emotional abuse? YES NO

21. How would you describe your level of physical activity?

SEDENTARY MINIMAL MODERATE AVERAGE HIGH

22. How would you describe the amount of stress in your daily environment?

MINIMAL MODERATE AVERAGE EXTREME

23. How would you describe your Sleep? Deep Light Restless

How many hours do you sleep? _____ Do you wake up during the night? YES NO

If so, how many times? _____ What hours? _____

How do you feel when you wake up? Alert Ready to Go Groggy Tired Slow starting

24. How would you describe your general mood?

1 **2** **3** **4** **5**
very slightly or not at all **a little** **moderately** **quite a bit** **extremely**

___cheerful ___sad ___angry at self ___disgusted ___calm ___guilty ___enthusiastic
___afraid ___joyful ___downhearted ___tired ___nervous ___lonely ___distressed
___shaky ___happy ___excited ___frightened ___alone ___relaxed ___irritable
___upset ___delighted ___angry ___at ease ___energetic ___scared
___disgusted with self ___dissatisfied with self

History completed by (signature) _____

CYMATHERAPY® INFORMED CONSENT

Introduction:

Cymatherapy® is a non-invasive, sound therapy that helps restore the body to optimal health, balance and function. It uses advanced instruments to transmit frequencies to the body's organs and tissues that are associated with healthy cells and healthy cell function, supporting the body's natural healing abilities.

A certified Cymatherapy® practitioner selects the programs for the AMI750® or the AMI1000® to deliver the exact combination of frequencies to be used. These relaxing programs are applied transdermally, on the surface of the skin. Cymatherapy® administered by a qualified practitioner is safe, irrespective of the client's age or level of fitness.

Cymatherapy® is the groundbreaking work of Dr. Peter Guy Manners, a renowned Osteopathic physician from the United Kingdom, and is an advanced form of sound therapy. Another example of acoustic or sound therapy is therapeutic ultrasound therapy being used in rehabilitation today.

Cymatherapy® involves the application of gentle, audible, sound with an applicator/massager applied to the body for an average of 30 to 60 minutes during a scheduled visit.

Cymatherapy® can be used safely in addition to any standard medical treatments prescribed by a doctor or other qualified healthcare provider.

Description of the session:

I understand that Cymatherapy® involves the application of gentle sound therapy with an applicator/massager, to my body. I understand that there have not been any documented complications with the use of Cymatherapy®.

While in the Cymatherapy® program, I agree to:

- **Keep my scheduled appointments,**
- **Complete any forms used to evaluate my health, and**
- **Complete forms needed to monitor the results of Cymatherapy®.**

Risks:

I understand that the risks involved in my participation are thought to be very minimal as no detrimental side effects have ever been reported in over 50 years of Cymatherapy® use. I realize that the side effects of Cymatherapy® are that I will feel relaxed and energized and possibly I will experience relief of minor aches and pain. The risks of taking part in this session have been explained to me and I am willing to accept them.

I have been advised that if I have either a temporary or permanent pacemaker or any other implanted medical devices such as: a Pacemaker/Defibrillator, an Insulin Pump, or any Infusion 2

Device used for medication, I may be excluded from a Cymatherapy® program. Pregnant women will also be excluded from this program. I understand that I am free to withdraw from having any future Cymatherapy® sessions at any time after notifying my Cymatherapy® practitioner. I choose to have Cymatherapy® sessions under my own volition.

Confidentiality:

I realize that my sessions will be kept confidential and that my identity as a participant will be available only to the practitioners involved in my care.

Disclaimer:

The AMI750® and the AMI1000® are classified by the FDA as acoustic massagers, and registered with the FDA as Class I devices. These products are not intended to diagnose, treat, cure or prevent any disease.

Neither the manufacturer nor the practitioner makes any claims to the effectiveness of these products. They are simply electric massagers emitting acoustic tones. If you are currently undergoing medical treatment, it is advised you consult your physician or healthcare practitioner before use of this or any acoustic electric massager.

Signatures:

Client Date

Witness Date

Practitioner Date

Baseline Visual Analogue Scale

Name: _____ Date: _____

Time: _____ Sound Modality: _____

DIRECTIONS:

1. The following is a Visual Analog Scale.
2. It is rated from 0 (no pain) to 10 (severe pain).
3. Please make a mark on the scale to identify how much pain you have.

| _____ |

No Pain 0

10 Severe Pain

1. Is your pain constant? YES NO
2. If your pain is not constant, how long does it last? _____
3. How many times per day do you have pain? _____

Follow-up Visual Analogue Scale

DIRECTIONS:

1. The following is a Visual Analog Scale.
2. It is rated from 0 (no pain) to 10 (severe pain).
3. Please make a mark on the scale to identify how much pain you have.

| _____ |

No Pain 0

10 Severe Pain

1. Is your pain constant? YES NO
2. If your pain is not constant, how long does it last? _____
3. How many times per day do you have pain? _____

ADDITIONAL COMMENTS:

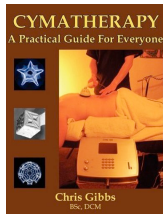
Resources

◆ **Members Site:** Find more information and resources at www.Members.CymaTechnologies.com

◆ **Training:** Psychology of Cyma webinar training and certification:



◆ **Suggested Reading:** *A must read for anyone who is interested in Cymatherapy!*



[Cymatherapy - A Practical Guide for Everyone](#) by [Chris Gibbs](#)

available at www.CymaTechnologies.com

Click on Training Link

Paperback book and download options.

◆ **For more “indepth” science, research and studies:**



Inside the Photon: A Journey towards Health describes the newly discovered layer of biophotonics underlying all atomic chemistry and biochemistry. As with the variety of snowflakes, the range in biological species within flora for instance is dependent on this biophotonic layer of interaction within atomic and biomolecular structures. A new range of energies that can be balanced only within the biophotonic states are responsible for these innumerable varieties of biological species.

*The **phonon**, the quantum of acoustic, or vibrational, energy is also described and given status alongside the photon. Hence the ‘biophonon’ sits aside the biophoton as an element within biological structures. Sounds can create structure in the same way biophotons can use structure to communicate.*

◆ **Antibacterial/Antimicrobial for cleaning gel pads:**

Radicate from Neways, (800) 998-7232, use ID #208416072 & make sure to give your shipping address. Spray on paper towel and wipe gel pads.

◆ **Need Liability Insurance?** Special Rate for Cymatherapy Practitioners:

ABMP (Association of Body and Massage Practitioners) offers liability insurance (and many other benefits) for a special rate to Cymatherapy practitioners. See ABMP organization for membership and benefits at:

www.abmp.com Please contact Kristine Berlute directly at 800-458-2267 #613 or kristine@abmp.com to secure the special rate for Cymatherapy practitioners.

◆ **Practitioner Community Forum**—Join the AMI Yahoo Group! Contact mandara@cymatechnologies.com

<http://www.CymaticSource.com>

◆ **More about Cymatics and the Science of Sound:** Cymatics~The Science of Sound & Vibrational Healing Conference ***Annual Fall Conference www.CymaticsConference.com