



# BIOMAGNETISM, ENERGY WORK CLIENT FORM

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ Postal Code \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

EMAIL \_\_\_\_\_ DOB \_\_\_\_\_

Where did you hear about Biomagnetism? \_\_\_\_\_

What are your main concerns presently? \_\_\_\_\_

\_\_\_\_\_

Conditions / major illnesses / surgeries you have had in the past:

\_\_\_\_\_

\_\_\_\_\_

Have you had a blood transfusion or organ transplant? Yes No

Are you currently pregnant? Yes No

Are you or have you had Chemotherapy, Radiation treatments? Yes No

If Yes, when? \_\_\_\_\_

Do you have a pacemaker? Yes No

LIST medications, nutritional supplements you are taking.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please turn over to  
back side of page



I, (please print )

---

Understand and acknowledge that:

\*HELEN BENKO, has been Certified to provide Biomagnetism Technique by the El Centro de Investigacion de Biomagnetismo Medico, S.C. in Mexico, the Autonomous University of Chapingo, Mexico, The Biomagnetism Research Institute (BRI) by Dr. David Goiz and by Dr. Isaac Goiz Duran.

\*She is NOT a medical Doctor, she is NOT making a medical diagnosis or providing medical advice or care.

\*I should see a Medical Doctor for follow-up care, and I should view Biomagnetism Technique care as additional and complementary to the medical care provided by a Medical Doctor.

\*Biomagnetism is NOT a substitute for Physician consultation, evaluation or treatment.

\*There is no guarantee that Biomagnetism will work for every client. Everyone is on a different path and their spirit and body will allow only what is needed for their highest good.

\*Biomagnetism Technique consists of applying Medium Intensity magnets between 1,000 and 15,000 gauss in certain areas of the body in order to help balance the pH levels and energetic connections in the body.

\*The number of required sessions depends on your state of health, your body will decide whether 2 or more sessions will be needed.

I have NOT received Chemotherapy and / or Radiation Therapy within the last year and I'm not planning on receiving such therapy within a year from now. It is NOT advisable to have a Biomagnetism Session in this situation.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date\_\_\_\_\_