

## PT: PREPARING FOR YOUR FSM APPOINTMENTS

FSM ONLY WORKS WHEN YOU ARE WELL-HYDRATED WITH PURE WATER. NOT GATORADE, NOT COFFEE, NOT TEA, BUT PURE WATER. \*

•Be sure you have already consumed AT LEAST FOUR 8oz glasses of water (not tea, not Gatorade, not fizzy water, but pure water) within the two hours preceding your FSM treatment. \*

•Bring a water bottle full of water (during COVID Precautions, WE ARE NOT providing cups or water at the clinic, so please come prepared to remain hydrated throughout your appointment). \*

•Due to Covid Precautions, we are asking that you BRING YOUR OWN LINENS to each appointment, including 3 hand towels, 1 bath size towel. You may wish to bring a change of clothes to your appointment because your collar and waistband may become damp (optional). \*

BRING TO EVERY APPOINTMENT: (1) Your water bottle full of water (2) three HAND TOWELS that we will use for your treatment (3) One full-size bath towel to place on the treatment table for your comfort (4) One blanket for you to use to keep warm during your appointment (5) A change of clothes (the moist towels tend to get your waistband and collar wet). \*

I certify that I am not pregnant and will notify my provider if this status changes. \*

I understand that FSM Does NOT work on dehydrated body tissues and that I am to hydrate with pure water (not coffee or tea or a sports drink).

I Agree to drink 4 glasses of water (32oz) within the two hours before my appointments.  Note: Children (32oz) drink 1 extra cup of water or juice.

I agree to bring my water bottle to each appointment.

I will bring 3 hand/dish towels and 1 bath towel to each appointment.

I agree to bring the above five items to my appointments.

Yes  No

I certify that I do not have any type of pump (insulin pump, pain pump) and will notify my provider if this status changes - OR- if I do have a pump, I WILL TURN MY PUMP OFF during my appointments. \*

Yes  No

I certify that I do not have a DEMAND-TYPE pacemaker and if this status changes, I will notify my provider so she can make appropriate accommodations to the placements of electrodes. \*

Yes  No

I certify that I am aware that FSM may impact the readings on any type of cardiac monitor (EKG, Holter monitor, etc) and will notify my provider if I am being monitored. \*

Yes  No

I certify that I do not have a current blood clot (DVT, pulmonary embolism) and if this status changes, I will notify my provider so we can modify the treatment plan accordingly. \*

Yes  No

I understand that I can learn more about what FSM is, access the current research, listen to an informational podcase, and see what a typical treatment session can look like in the links and videos provided at <https://www.thehealingcollective.us/frequency-specific-microcurrent-fsm> \*

Yes  No

I certify that I understand that Frequency Specific Microcurrent (FSM) does not make any claims of being able to diagnose, treat, or cure any condition or disease and I understand that the use of frequencies as a therapeutic tool has not been evaluated by the FDA. I understand that FSM has FDA clearance for the treatment of pain in the category of a TENS unit. \*

Yes  No