



Integrated Health Solutions

INFORMED CONSENT FOR BIO-WELL ENERGY ANALYSIS

@ Healing Horizons

Welcome to Healing Horizons Integrated Health Solutions

Thank you for choosing Healing Horizons. We look forward to providing quality healthcare to assist you in achieving your health-related goals. To serve you as efficiently as possible, please answer all the following questions and read and sign all forms. All information will be held in the strictest of confidence.

Name _____ Age _____ DOB _____ M F Marital Status _____ Phone _____

Address _____ City/State _____ Zip _____

Cell _____ If we may send you information, please provide your email _____

Occupation _____ Emergency Contact _____ Relation _____ Phone _____

Who referred you to Healing Horizons? _____ May we thank him/her? Y N

Purpose of Bio-Well Analysis:

*I understand that the **Bio-Well device** is **not a medical diagnostic instrument** and is **not intended to diagnose, treat, or cure any disease**. The Bio-Well system provides information about the **energy field and energetic balance** of the body, which may be used as a tool to support holistic wellness and self-awareness.

*I have been informed of the nature and purpose of the Bio-Well analysis and have had the opportunity to ask questions prior to signing this form. I understand that I may ask additional questions at any time during or after the session.

Consent and Agreement:

*I voluntarily consent to participate in the Bio-Well energy analysis administered by Markus Wettstein, MD.

*I agree to follow the practitioner's instructions and to notify them immediately if I experience any discomfort, unexpected sensations, or unusual symptoms during the session.

*I understand that the results and report of my Bio-Well analysis will be sent to me by email within approximately **two weeks**.

*I understand that this analysis does **not replace medical evaluation** or advice from a licensed healthcare provider.

I understand payment is due at the time of service and I agree to address any financial concerns with Healing Horizons prior to treatment. Healing Horizons gladly accepts cancellations up to 24 hours in advance without penalty. The first late cancel or missed appointment is without penalty. Subsequent late cancel or missed appointments will be charged 100% of the scheduled treatment.

Please initial _____

By signing below, I acknowledge that I have read and understood the information above, and I give my informed consent to proceed with the Bio-Well energy analysis.

Signature (Patient/Parent/Guardian)

Date

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