

ASSESSMENT AND INFORMED CONSENT



		DATE	
NAME			
DATE OF BIRTH		GENDER	
ADDRESS			
EMAIL		CONTACT NO.	
NEXT OF KIN/EMERGENCY CONTACT NAME AND NUMBER			

PandoraStar

COVID-19 QUESTIONS:

1. Have you come into close contact (within 6 feet) with someone who has a laboratory confirmed COVID – 19 diagnosis in the past 14 days?

YES/NO

2. Do you have any of the following: fever or chills, cough, shortness of breath or difficulty breathing, body aches, headache, new loss of taste or smell, sore throat?

YES/NO

If you suspect you may be experiencing any of the symptoms above, government guidelines advise you to isolate and consult with your GP. If you suffer from any medical conditions or allergies which could impact your ability to use our facility, please consult with your GP before doing so.

At Nimaya MindStation, we make all reasonable efforts to ensure a comfortable, clean and safe environment for you. To ensure this, please read the following and sign your name to indicate your understanding and agreement.

THIS RISK ASSESSMENT AND WAIVER APPLIES TO THE UPCOMING PANDORASTAR SESSION AND ALL SUBSEQUENT PANDORASTAR EXPERIENCES UNDERTAKEN BY THE UNDERSIGNED AT NIMAYA MINDSTATION.

I will **NOT** use the PandoraStar:

- a. if I am under the influence of drugs or alcohol;
- b. if I am epileptic;
- c. if I am on photosensitive medication;
- d. if I am pregnant;
- e. if I suffer from a psychological or psychiatric condition, unless, in the opinion of my doctor, my psychological or psychiatric condition is under medical control so that I am in sufficient safety to use the PandoraStar;
- f. if I suffer or have suffered from a stroke, chronic heart disease, wear a pacemaker or suffer from any other heart condition, unless, in the opinion of my doctor, my stroke, my chronic heart disease, my pacemaker or my heart condition is under medical control so that I am in sufficient safety to use the PandoraStar;
- g. if I suffer from any physical conditions or if I am on any medication or getting treatments of any sort, unless, in the opinion of my doctor, my physical conditions or my use of medication is/are under medical control so that I am in sufficient safety to use the PandoraStar;
- h. if I have had head or brain injuries, or had brain surgery, unless, in the opinion of my doctor, my head or brain injury or post-surgery condition is under medical control so that I am in sufficient safety to use PandoraStar;
- i. if I suffer from incontinence, nausea or psychotic attacks;
- j. if I have received medical advice not to use PandoraStar;
- k. if I have had laser treatment to my face within the last month;
- l. if I have recently had an operation/surgery and have not sought the advice of my doctor as to whether it is safe to use the equipment;
- m. if I have been or I am likely to be advised not to use this equipment by my doctor.

-
1. I confirm that I have read the form carefully and fully understand the above statements.
 2. I confirm that the nature of the PandoraStar lamp and the sessions available to me have been explained to me.
 3. I confirm that I understand that the PandoraStar lamp is not a medical or psychological therapy and is not intended as a treatment or remedy for any condition.
 4. I confirm that whilst I have never suffered from epilepsy or seizures, I understand that there is a statistical chance of 1 in 3000 that I could be sensitive to flickering light and that this in rare cases could lead to a seizure
 5. I confirm that I have been asked at this time whether I have any unanswered questions and that

I will ask any additional questions that may be of concern to me before this and any future use of the PandoraStar.

6. I hereby confirm that no warranty or guarantee, or other assurance has been made to me covering the results of the PandoraStar treatment. I have been explained and understand the administration of the process, including possible adverse reactions, side effects, or other possible complications. It is understood that this consent is being given in advance of any administration of the process and is being given by me voluntarily to use the Equipment.
7. I confirm that I am satisfied that the person supervising my PandoraStar session has the knowledge and training to do so.
8. I confirm that if in future my medical condition should change in any way that I will inform Nimaya MindStation for a reassessment of my eligibility to use PandoraStar.
9. I hereby agree to indemnify and hold harmless Nimaya Mindstation from any costs related damage or similar related costs that may incur due to the use of the PandoraStar by me.
10. Upon using PandoraStar, I absolve Nimaya MindStation and its employees and agents from any and all liability in connection with use thereof whether such loss or damage be direct or indirect.
11. This Agreement shall be construed in accordance with the laws of England and Wales.

I confirm that I am a competent adult of at least 18 years of age and that by signing this form I am fully aware of the risks and hazards connected to the use of the equipment. I am voluntarily participating in the equipment usage. I also hereby agree and understand that I shall have consulted with my own doctor prior to using the PandoraStar if I am currently taking any medication or under a doctor's care for any reason or if I have or ought to have any reason for consulting my doctor before using PandoraStar.

SIGNATURE.....

DATE.....

OFFICE USE ONLY	
SUPERVISOR	Check and signature: