

Inform and Consent

Name: _____

Telephone: _____ Mobile: _____ email: _____

This is to clarify my intention to voluntarily undergo the Neurolink's Neurological Integration System of health care management performed on me, as described Didier Fouquet (Neurolink's NIS Certified Practitioner), in accordance with the NIS by Neurolink's training manual, Masters materials and protocols developed by Optimum Health Results.

I fully understand the potential of corrective reactions from the initial and follow-up treatments/sessions and fully release Didier Fouquet, Optimum Health Results and its related Associates and Partners of any and all liability and/or legal implications that could be interpreted as "not in accordance" with the governing laws of the State of Queensland and the Federal State of Australia.

I have a clear understanding this is a unique and different health care management system and fully agree to the full NIS protocols to be applied to me.

In the case I qualify for a virus care using the Neurolink's NIS System of health management, I understand that a micro sample of my blood is required to perform the correction as described by Didier Fouquet in accordance with Neurolink's NIS' training manual.

I agree and allow Didier Fouquet to collect a blood micro sample with a sterile blood sample-collecting device and to keep the collected sample on files. **Yes No**

(Initials)

I am providing a blood micro sample through my own administration with a blood sample collecting device as provided and directed by Didier Fouquet. **Yes No**

(Initials)

Didier Fouquet has advised me of any possible side effects of the Treatments; I understand and accept all the potential rectifications and agree to follow his recommendations. **Yes No**

(Initials)

Date: ____/____/____

Name: _____

Signature : _____

Office Use Only	Initial:	Sub:	Ref:	MHF: YES/NO	Other:
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