



**Stress Response Testing/Wellness Evaluation  
Authorization and Release Form**

The BodyScan 2010™ testing provides an opportunity to measure electrical responses of the body. This evaluation may include stress reduction methods designed to enhance overall wellness. These recommendations are not cures for any known diseases, nor have they been proven clinically to eliminate any specific disease process. The BodyScan 2010™ evaluation is not a method of diagnosing, nor are the recommendations designed to replace any of the medications or treatments currently being provided or recommended by your primary care practitioner.

1. I fully understand that Gordon Tessler (hereinafter referred to as the attending consultant) is not an allopathic doctor (M.D.) and does not pretend to be, but is a bioenergetic practitioner providing services that are not allopathic but are within the parameters of a natural health and wellness philosophy.
2. I fully understand that attending consultant does not offer allopathic drugs, surgery, chemical stimulants, or radiation therapy but is providing information and natural products to restore natural balance and stress reduction.
3. I fully understand that the attending consultant is not diagnosing or treating any illness or disease but is only measuring the overall stress responses of the body and that these services may not be generally accepted by allopathic physicians.
4. I fully understand that the attending consultant is in no way encouraging me to terminate or modify any previous or ongoing therapies under the direction of any licensed practitioner, and that the attending consultant can/will not dissuade me from seeking allopathic attention, recommendations, or modes of therapy from a licensed practitioner.
5. I presently seek consultation, advice, opinions and/or programs, tests evaluations and/or products within the scope of the attending consultant's wellness practice based upon the principles of natural health and have solicited the attending consultant's services in good faith, exerting my free will and following the dictates of my own conscience which allows me to select what I understand is most beneficial to my health.
6. If a minor or an incompetent person accompanies me, I give full faith that I am legally and totally responsible for them.
7. I authorize the attending consultant to provide his services to me on behalf, and hereby release him from any and all claims and potential claims arising out of my actions or failure to act upon his advice.
8. I have read and understand this document entirely and having received a verbal explanation of the same from the attending consultant (Gordon Tessler, Ph.D.), he has answered satisfactorily all of my questions regarding this form.

I hereby consent to and authorize the above described evaluation and consultation.

Client signature

Parent or Guardian signature if under 18

Date

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