

Kim Fedderly RPh, PharmD, MS Holistic Nutrition
Wellness Educator, Certified Quantum Biofeedback Specialist
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Informed Consent for Quantum Biofeedback Training

MY BACKGROUND

- University of Kentucky College of Pharmacy 1989-1997: Pharmacist RPh BS/PharmD
- Clinical Staff Hospital Pharmacist 1996-2005: University of Kentucky Chandler Medical Center, Markey Cancer Center, Good Samaritan Hospital; Lexington, KY and Kalispell Regional Medical Center, MT
 - Areas of Training: IV Infusion, Critical Care, Trauma, Surgery, Internal Medicine, Family Medicine, Surgery, Pediatrics, Neonatology, Gynecology, and Hematology/Oncology/Bone Marrow/Stem Cell Transplant.
- Retail Pharmacist 2005-2012: Super 1 Foods Good Medicine Pharmacy Whitefish/Columbia Falls, Montana.
- Masters in Holistic Nutrition (and Natural Health) 2008-2011 (Clayton College of Natural Health, Online)
- Wellness Educator 2012-2017: Wellness Education Center, Kalispell, MT
 - Areas of Teaching: Juice Fasting, Detoxification, Nutrition, Food Prep, Raw Living Foods/Sprouting/Juicing/Healthy Foods, Digestive Health, Food Allergies, Thyroid, Adrenal, Environmental Toxicity, Diabetes, Health Reboot Programs, Cancer). Emotional and Quantum Healing Home Studies (2016-2022)
- Wellness Educator 2017-2021: Big Sky Specialty Compounding and Holistic Pharmacy, Kalispell, MT
 - Areas of Focus: Bio-Identical Hormones, Adrenal, Thyroid, Nutrition, Digestion, Emotion/Mood, Herbal and Vitamin/Mineral Supplements.
- Relief Compounding Pharmacist 2016-2018: Montana Compounding Pharmacy, Missoula, MT
- Holistic Compounding Pharmacist 2017-2021: Big Sky Specialty Compounding and Holistic Pharmacy, Kalispell MT
 - Clients of Focus: Patient provider relationship with Functional Medicine/Integrative Health Care Prescribers, Naturopaths, Dentists, and Veterinarians.
 - Certified in Female Bio-Identical Hormones C4 PCCA 2020-2021
 - Compounding, Balancing, Therapies, Counseling, Dosing, Monitoring, Symptoms
 - Areas of Focus: Natural Health Vitamins and Supplements, Bio-Identical Hormones, Thyroid, Adrenal, COVID supportive medications/supplements, Pain Creams, and innovative or alternative dosage forms not available through regular pharmacy or manufacturer.
- National Certified Quantum Biofeedback May 2022

In 2021, I had multiple unforeseen life-change awakening moments and the opportunity to purchase a Quantum Biofeedback Device. I have been a private client, geek, and health beneficiary of quantum biofeedback technology for over 7 years. I incorporated it with my clients with longstanding health imbalances through referring them to a colleague. With my love for teaching, researching, and private Wellness Education in the field of nutrition and natural health, Quantum Biofeedback was a natural next step that fit perfectly in my career to serve others out of love.

With my knowledge and experience, I work out of love to help reduce stress, educate, advocate, and empower clients to recover health, happiness, and longevity in the journey of life. The body is designed to heal when we remove resistance, release stressors, and identify or correct imbalances.

I believe in your right to educate yourself regarding health care options.

DISCLOSURE I am licensed as a pharmacist. I can assist in the safe selection, proper use, dosage, and contraindications of "over the counter" medications and supplements within the scope of my practice. I cannot prescribe pharmaceutical prescription medications. I am not licensed as a physician, psychologist, or chiropractor. By law, I cannot diagnose, treat, cure, mitigate, lessen, or prevent any medical or psychological disease, disorder, or condition. I cannot instruct a client to discontinue a medically prescribed treatment. The State of Montana currently does not have standards for individuals providing "unlicensed" health care services. I can educate you and help "train" your body on what to do to assist the body to heal and reduce stressors.

BIOFEEDBACK Biofeedback is a complementary and alternative medicine technique, which enables an individual to learn to change some physiological activities for the purpose of improving health. With the biofeedback, the subject is connected to the biofeedback device with sensors to measure and receive information (feedback) about the body (bio) electric. The biofeedback sensors use mild electrical impulses that measure skin temperatures known as Electro Dermal Response (EDR), which teaches the individual to make subtle bodily changes, such as relaxing certain muscles, to achieve desired results, such as reducing pain or stressors in the body. The instrument utilized in the training sessions is called the QuEx-ED Quantum Biofeedback medical device is an FDA registered device. The device uses a medically safe pulse (micro current) that connects directly to the client with a headband, ankle, and wrist straps to measure EDR. The FDA approved scope of my practice through the use of this biofeedback system includes stress reduction training programs for relaxation training, pain management, muscle re-education and brainwave training. Although this training is expected to produce beneficial results, such results cannot be guaranteed. Biofeedback training is a complement, not a substitute, for medical or psychological treatment, and any ongoing treatment should not be discontinued without advice of your treating physician. Biofeedback is a complement, not a substitute for medical advice or treatment. Clients may be referred to a qualified practitioner if needed.

CONFIDENTIALITY I understand my information is confidential between Kim Fedderly and myself and will not be disclosed outside of this office without written consent, unless required by law. Your information will not be shared or sold to anyone.

PAYMENT I agree to pay for services in full at the time of service or online invoice. Quantum biofeedback therapy is not billed to or covered by insurance. You may buy a package for significant cost savings. A Super bill can be provided via your Square card payment or manual invoice if needed for deduction from HSA/Flex Spending accounts or tax purposes on request.

BIOFEEDBACK TRAINING OPTIONS Each client has different needs to bring the body into balance. Client therapy/training sessions can range from 45-90 minutes maximum. With acute imbalances (ex. pain management) a client may need a weekly session until symptoms subside and then choose how often they want a therapy. Therapy is not recommended more often than every 72 hours. Expectations: For every year of "imbalance" it takes about 1 month of lifestyle changes, nutrition/detoxification, & biofeedback training to bring the body into balance.

I understand that the quantum biofeedback therapist is **not a licensed allopathic doctor and cannot diagnose or prescribe**. Quantum biofeedback therapy is used for stress reduction, pain management, muscle re-education in addition to wellness consultations for lifestyle, behavioral, stressors, and imbalances. There is no current licensure requirement for the quantum biofeedback therapist in the state of Montana. I understand that it is my responsibility to change bad behaviors to help my body deal with distress naturally through awareness and education.

ARBITRATION PROVISION Arbitration sets forth an agreement to forgo court action to settle disputes that arise between client and practitioner. Local organizations may provide arbitration services to handle such matters.

It is important to disclose any information about your allergies, chemical sensitivities, or being highly sensitive person to modify training and minimize side effect risks.

CONSENT Your signature below indicates that you have read and understood the information in this document and that you consent to biofeedback training under the provisions stated. If you do not understand or consent to anything stated in this document, it is your responsibility to request and receive clarification before signing. You are in full charge of your own healing decisions. By signing below, you unconditionally release Kim Fedderly and the business from any liability connected with information or biofeedback training received.

Client/Minor/Pet Printed Name

Client/Owner/Parent or Guardian Signature

Date

Phone

Email

Emergency Contact/Phone

Address

Would you like to receive a monthly email with recipes, health topic, updates, etc? (Yes/No)

PARENTS/GUARDIANS OF MINOR CLIENT: I attest that I have full legal authority to make decisions for the minor named above, and that I give my permission for him/her/pet to undergo biofeedback training.

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Tips to enhance your session:

- Complete the form below to allow more time for biofeedback training and for each subsequent session give any changes as lifestyle is improved. You can email this form a day ahead of time so it can be entered into the computer prior to the session. Otherwise completing the form and bringing it to the session still saves time.
- Drink plenty of water for the day before and of your session to enhance electricity in the body, dehydration can cause detoxification symptoms.
- Only wear jewelry you wear all the time (like a wedding ring). You may bring a piece of jewelry to energize with your session. You can also remove watches.
- Please keep your phone off your body during the session.
- We will be placing straps around your ankles, wrists, and head so wear clothing to allow easy access to bare skin.

Full Birth Name and Marriage last name _____

Date of Birth (MM/DD/YYYY) _____

Place of Birth (City, State) and country if outside USA _____

Circle Gender: Male Female Both

Answer questions below with the first thing that pops in your head! It is a general health rating scale used by the biofeedback device and not a stress to have "exact" numbers. This is a weighed value called the "**Suppression or Oppression to Cure**" scale or the SOC in the software program.

_____ Rate Happiness on a scale of 1-10 (1 is low and 10 is high Happiness)

_____ Number of Organs Removed (ex. Tonsils, gallbladder, ovaries, appendix, spleen, kidney, uterus, testicle)

_____ Number of Synthetic Pharmaceutical Drugs (Medications and Over the Counter) used currently

_____ Times you smoke or use tobacco or nicotine products a day

_____ Number of steroid type drugs used in the last year (including hydrocortisone/cortisol for adrenal)

_____ Number of **metal fillings/dental amalgams** (silver/gold/porcelain) currently in mouth

_____ Number of street drugs used monthly (including marijuana, psychedelics, narcotics, cocaine, heroin, etc)

_____ Number of known allergies (ex. food, inhalants/environmental, skin, drug)

_____ Number of unresolved mental factors (mental aggravators, anxiety, depression, fear)

_____ I am responsible for my mind-body-spirit (scale of 0-10 being most responsible for health/body)

_____ Do you think this health imbalance is due to genetics/stressors/others/emotions?

_____ Approximate % percent of Whole Plant foods in Diet (ex, whole grains, nuts/seeds, legumes, vegetables fruit)

_____ Approximate % percent of Fat in diet (ex, meat fat, nuts, avocado, salad dressings, butter/oils):

_____ Overall Personal Stress 1 out of 10:

High Stress Optional:

CHECK or RATE APPROPRIATE Below as how stressful on a scale of 1-10 being highest stress

_____ Interpersonal Stress?

_____ Problem with sweat?

_____ Job or School Stress?

_____ Problem with urine?

_____ Struggle with Self?

_____ Problem with mucous?

_____ Struggle with Money?

_____ Problem with menses?

_____ Stress from Sickness?

_____ Problem with breath?

_____ Stress from Family?

_____ Problem with skin?

_____ Problem with bowels?

_____ Problem with sleep?

- _____ How many times a day to you pray, meditate, deep breathe, or use stress reduction techniques?
- _____ Number of Root Canals
- _____ Number of sugar type products/servings per day *(include drinks, fruit, sweets, power bars, processed foods)*
- _____ Number of exercise sessions/week (20 minutes+):
- _____ Number of alcoholic drinks/day average:
- _____ Number of cups of coffee/tea/caffeine/chocolate per day:
- _____ Number of EXTREME toxic exposures in lifetime:
(ex. Excessive radiation, insecticides, pesticides, chemicals, herbicides, industrial, job exposures, beauty shop toxins)
- _____ Number of major injuries in past
- _____ Number of major infections (chronic, past, and present) *(ex. Covid, Mono/EBV, sepsis, major infections)*
- _____ Number of 8oz=1 cup glasses of water per day
- _____ How many pounds overweight
- _____ Heart Pacemaker
- _____ Brain/Parkinson's Implant
- _____ Seizure Disorders
- Any Inherited Disorders? _____
- _____ Pregnant? _____ How Many Weeks:
- _____ Top Class Athlete?
- _____ Any tissues that need to be accepted and not inflamed? *(Implants, hardware, transplants)*

What results would you like to see for this session? _____

Current Symptoms or areas of Dis-Ease, Medical Disease Diagnosis, Pertinent Info?

Emotional release needs?

Optional: If you could write a script or prayer of what you would like your body to do physically or emotional balance we can "invert" a group of symptoms and "replace or restore" it with that that looks like on the health side. It can be a sentence or many paragraphs. Examples: Invert asthma, inflammation, wheezing, and hyper reactivity in the lungs and restore healthy balanced reactivity to foods and the environment and normal healthy deep breathing and oxygenation to tissues in the lung. Invert excessive fear and restore faith, trust, and peaceful emotions. We can write this together, just need areas of imbalances identified below.

