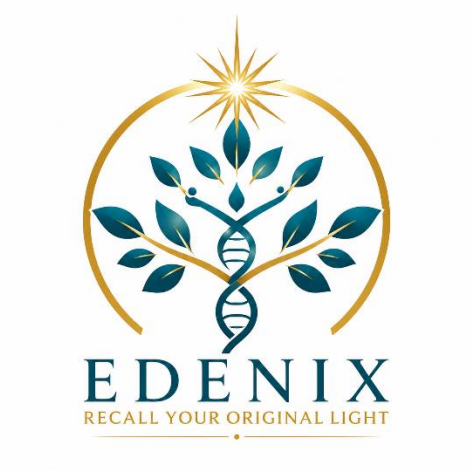


NEW CLIENT INTAKE

Please complete this form as thoroughly as possible.

CLIENT INFORMATION

Full Name:

_____

Date of Birth: _____

Gender:_____

Email Address:

_____

Phone Number:

_____

Address:

_____

Emergency Contact Name:

_____

Emergency Contact Phone Number:

_____

PERSONAL MEDICAL HISTORY

☐ Allergies
☐ Anxiety
☐ Arthritis
☐ Asthma
☐ Autoimmune Condition
☐ Cancer
☐ Chronic Fatigue
☐ Depression
☐ Diabetes
☐ Eczema/Skin Conditions
☐ Hormonal Imbalances
☐ Kidney Disease
☐ Migraines/Headaches
☐ Osteoporosis
☐ Thyroid Disorder
☐ High Blood Pressure
☐ High Cholesterol
☐ Heart Disease
☐ Digestive Disorders
☐ Fibromyalgia

☐ Other:

_____

Other Medical conditions and surgeries:

_____

_____

CURRENT MEDICATIONS & SUPPLEMENTS *(Please list dosage if possible)*

_____

_____

FAMILY MEDICAL HISTORY

☐ Heart Disease
☐ High Blood Pressure
☐ Autoimmune Condition
☐ Mental Health Condition
☐ Diabetes
☐ Cancer
☐ Stroke
☐ No Known Family History

☐ Other:

_____

HEALTH & WELLNESS COMMITMENT *(On a scale of 1-10, how committed are you to your health and wellness journey?)*

○1 ○2 ○3 ○4 ○5 ○6 ○7 ○8 ○9 ○10

1 = Not Committed 10 = Fully Committed

CLIENT ACKNOWLEDGMENT

By signing below, I confirm that the information provided is accurate to the best of my knowledge.

Signature:

_____

Date:

_____

Client Waiver and Acknowledgment Form

ZYTO Scan Disclaimer and Release of Liability

Client Name: _____

Date of Birth: _____

Phone/Email:_____

Purpose of ZYTO Scan

The ZYTO Scan is a wellness technology designed to measure the body's galvanic skin response in order to help identify potential areas of imbalance and provide general wellness insights. It is intended for informational and educational purposes only to support general wellbeing and lifestyle decisions.

Disclaimer

- Is not intended to diagnose, treat, cure, or prevent any disease or medical condition.
- Does not replace medical advice, diagnosis, or treatment from a qualified healthcare professional.

- Should not be used as a substitute for consultation with a licensed medical provider for any medical concerns or conditions.

I agree to consult my physician or qualified health provider regarding any questions about my health, medical conditions, or before making any changes to my diet, lifestyle, or supplements based on the information provided by the ZYTO Scan.

Release of Liability

By signing this waiver, I voluntarily agree to release, indemnify, and hold harmless Edenix Wellness, its owners, employees, agents, representatives and affiliates from any and all claims, liabilities, damages, or expenses that may arise directly or indirectly from:

- My participation in the ZYTO Scan session;
- My interpretation or use of the results; or
- Any subsequent decisions or actions I take concerning my health and wellness.

I understand that I am fully responsible for my own health and wellbeing and that Edenix Wellness makes no guarantees or promises regarding health outcomes.

Acknowledgment

I have carefully read and fully understand this waiver and disclaimer. I understand that by signing below, I am agreeing to the terms stated herein voluntarily and without coercion.

Client Signature: _____

Printed Name: _____

Date: _____

Edenix Wellness Representative: _____

Date: _____

ZYTO Disclaimer: The ZYTO Hand Cradle has been cleared by the FDA for the measurement of galvanic skin response. ZYTO software has not undergone FDA review for effectiveness. ZYTO technologies are not intended to be used in the diagnosis, cure, treatment, mitigation, or prevention of any disease or medical condition. The diagnosis and treatment of medical conditions should only be undertaken by qualified medical professionals. ZYTO products have not been the subject of controlled clinical trials to establish their effectiveness and their use is not a generally accepted medical practice by the traditional medical establishment. If you have any questions regarding ZYTO technology or our products, please contact us at info@zyto.com.