

This questionnaire is in addition to the initial intake form (which must have been completed within the last two years).

**Patient Contact Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female If minor, name of parent: \_\_\_\_\_

Cell #(\_\_\_\_\_) \_\_\_\_\_

**Complete the information below if it has changed since completing the initial intake form:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Married or have a life partner?  Yes  No Significant other's name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Overview of Influenced Pelvic Floor Muscles**

Regular sessions can significantly improve pelvic health, quality of life, and overall well-being. During your EMS Chair session, the following pelvic floor muscles are targeted and stimulated to enhance strength, support, and function:

**1. Superficial Perineal Muscles:**

- Ischiocavernosus: Supports erectile function and sexual health.
- Bulbospongiosus: Assists with sexual arousal and closure of the vaginal opening (in females).
- Superficial Transverse Perineal: Stabilizes the central perineal body.
- External Anal Sphincter: Aids in the control of bowel movements.

**2. Deep Pelvic Floor Muscles:**

- Levator Ani Group:
  - Pubococcygeus: Provides organ support and helps maintain continence.
  - Puborectalis: Assists in controlling defecation.
  - Iliococcygeus: Supports the pelvic organs.
- Coccygeus (Ischiococcygeus): Stabilizes the coccyx and pelvic floor.
- Deep Transverse Perineal: Strengthens perineal support.
- External Urethral Sphincter: Enhances bladder control.

**Proven Benefits of EMS Chair Therapy**

The EMS Chair has been proven effective for enhancing pelvic floor strength and addressing a variety of conditions, including:

- Urinary Incontinence: Improved bladder control and reduced urinary leakage.
- Fecal Incontinence: Enhanced bowel control and reduced accidents.
- Pelvic Organ Prolapse Support: Strengthened muscles to support organs and reduce prolapse symptoms.
- Postpartum Recovery: Assists in regaining pelvic floor strength after childbirth.
- Sexual Health Improvement: Increased muscle tone leading to enhanced sexual sensation and function.
- Chronic Pelvic Pain Relief: Helps alleviate tension and discomfort in the pelvic area.
- Men's Health: Supports erectile function and prostate health.

## EMS Release Form

I, \_\_\_\_\_, consent to receive Electrical Muscle Stimulation (EMS) treatment at Integrative Health Inc. I understand that EMS involves the use of electrical impulses to stimulate muscles and promote healing, reduce pain, and enhance muscle strength.

I acknowledge and agree to the following:

- I have been informed about the purpose, potential benefits, and risks associated with EMS therapy.
- I have had the opportunity to ask questions regarding the procedure, and all of my questions have been answered to my satisfaction.
- I understand that EMS is generally safe, but there are risks of minor side effects such as skin irritation, discomfort, or temporary muscle soreness.
- I understand that EMS should be administered by trained professionals and that I should immediately inform the practitioner if I experience any discomfort or unusual symptoms during the session.
- I confirm that I have disclosed all relevant medical conditions to my provider.
- I understand that results may vary, and there is no guarantee of specific outcomes.

**Contraindications Checklist** (Please check if any apply):

- I DO NOT have a pacemaker
- I DO NOT have nefarious metals in my body(e.g., iron, steel, cobalt, nickel)
- I AM NOT pregnant
- I DO NOT have a copper IUD
- I DO NOT have any piercings in my pelvic area
- I HAVE NOT had surgery in the last 6 months
- I HAVE NOT had cancer in the past 12 months
- I AM more than 42 days postpartum
- I DO NOT have any electronic devices in my body

By signing below, I release Integrative Health Inc., its practitioners, and staff from any claims or liability arising from the EMS treatment I receive.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_