

Dolphin MPS Session

Intake & Consent Form

Yvette Farkas | Altos, Paraguay

Please complete this short form and send it to me on WhatsApp before your first session. You can fill it in on your phone or computer, or print it and send a photo. What you share is kept private and used only to prepare and carry out your sessions.

1. ABOUT YOU

Full name

WhatsApp / phone

Email (optional)

Emergency contact (name and number)

Family doctor or other health professional (optional)

How did you hear about this service?

Preferred times (tick any): ☐ Tuesday to Friday, 1 to 5 pm ☐ Saturday, 4 to 6 pm

Preferred day and time (for example, Thursday at 2 pm)

2. WHAT BRINGS YOU

I am interested in: ☐ Scar release ☐ Injury recovery support ☐ Both

Where is the scar or area, how did it happen, and how long ago?

Approximate date of the surgery or injury

What would you like help with? (for example tightness, sensitivity, a pulling sensation, restricted movement, discomfort)

Is the scar fully closed, with no signs of infection? ☐ Yes ☐ No ☐ Not sure

Has a doctor or physiotherapist assessed the scar or injury? ☐ Yes ☐ No

If yes, what did they say? (optional)

3. HEALTH AND SAFETY

Please answer Yes or No for each question.

Are you pregnant, or could you be pregnant? ☐ Yes ☐ No

Do you have a pacemaker or another implanted electronic device? ☐ Yes ☐ No

Have you ever had a stroke or a seizure, including one isolated or historical event? ☐ Yes ☐ No

Is there an open wound or an infection in the area to be worked on? ☐ Yes ☐ No

Is there cancer in or near the area to be worked on? ☐ Yes ☐ No

Anything else about your health, or any medication, that I should know about?

Dolphin MPS is not applied during pregnancy, with a pacemaker or other implanted electronic device, on the front of the neck, in the mouth, over open wounds or infections, or in areas affected by cancer. If you answered Yes to any question above, I will get in touch to talk it through before we book. Some other conditions need medical clearance first.

4. CONSENT

- The information I have given is true to the best of my knowledge. I will tell Yvette about any change before or between sessions.
- Dolphin MPS is a complementary session. It is not a medical or physiotherapy service and does not include diagnosis. Individual responses vary.
- It does not replace medical diagnosis or necessary treatment. I will see my doctor or another health professional about any recent, severe or undiagnosed condition.
- Intensity is adjusted to my comfort, and I can ask to pause or stop at any time.
- Appointments are paid in advance by PayPal, Wise, or bank transfer to a Paraguayan bank account. My appointment is confirmed once payment is received.
- With at least 48 hours' notice, I can reschedule free of charge or receive a refund, minus any PayPal, Wise, or bank transfer fees. With less than 48 hours' notice, payment is non-refundable.

Typing your full name below counts as your signature when you send this form by WhatsApp or email.

Full name (printed or typed)

Date

Thank you. I will reply by WhatsApp message to confirm that your form arrived.