



# RIFE / SCALAR intake form

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

Address: \_\_\_\_\_ Town: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

What brings you to us?

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Which services are you interested in?

Rife Detox \_\_\_ Rife Scan / Treatment \_\_\_ Rife Treatment (in person) \_\_\_

Rife Treatment (remote) \_\_\_ Scalar Field Healing Session \_\_\_

Please share your health concerns:

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Short term health goal?

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Long term health goal?

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How committed are you to achieving your goals?

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Do you have a pacemaker or any devices / metal in your body? \_\_\_\_\_

Do you have mercury fillings in your teeth? \_\_\_\_\_

Do you have any liver or kidney issues or disease? \_\_\_\_\_

Are you pregnant or planning on becoming pregnant during treatments? \_\_\_\_\_

**As this equipment is not FDA approved in Canada, do you agree to sign a disclaimer holding no responsibility on Make a Wave Leadership and Wellness, Rita Krebs and her team and any other associates?**

**Please sign** \_\_\_\_\_

The information that I have provided above is accurate and true. *Please sign* \_\_\_\_\_

How did you become aware of Make a Wave for Change Services? \_\_\_\_\_

*We are so glad you are here, Rita and the Team*