



GHP Pulse Center

222 Government Ave Suite E, Niceville FL 32578

(850) 659-3550

PEMF Cellular Exercise Session Tracker

Date: ____/____/20____ Current Age:____ DOB: ____/____/____

Name: _____ Last Name: _____

Address: _____

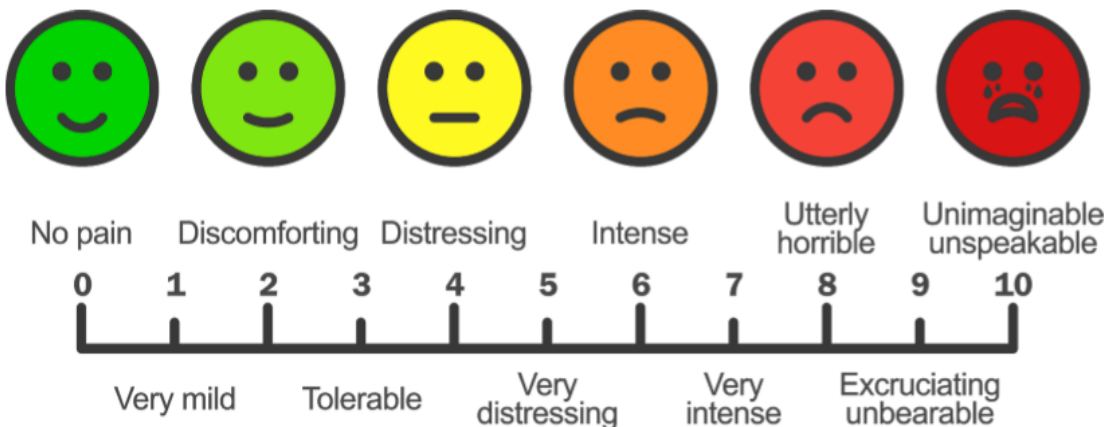
City: _____ State: _____ Zip: _____

Email: _____ . _____ PH. Cell or Home () - _____ - _____

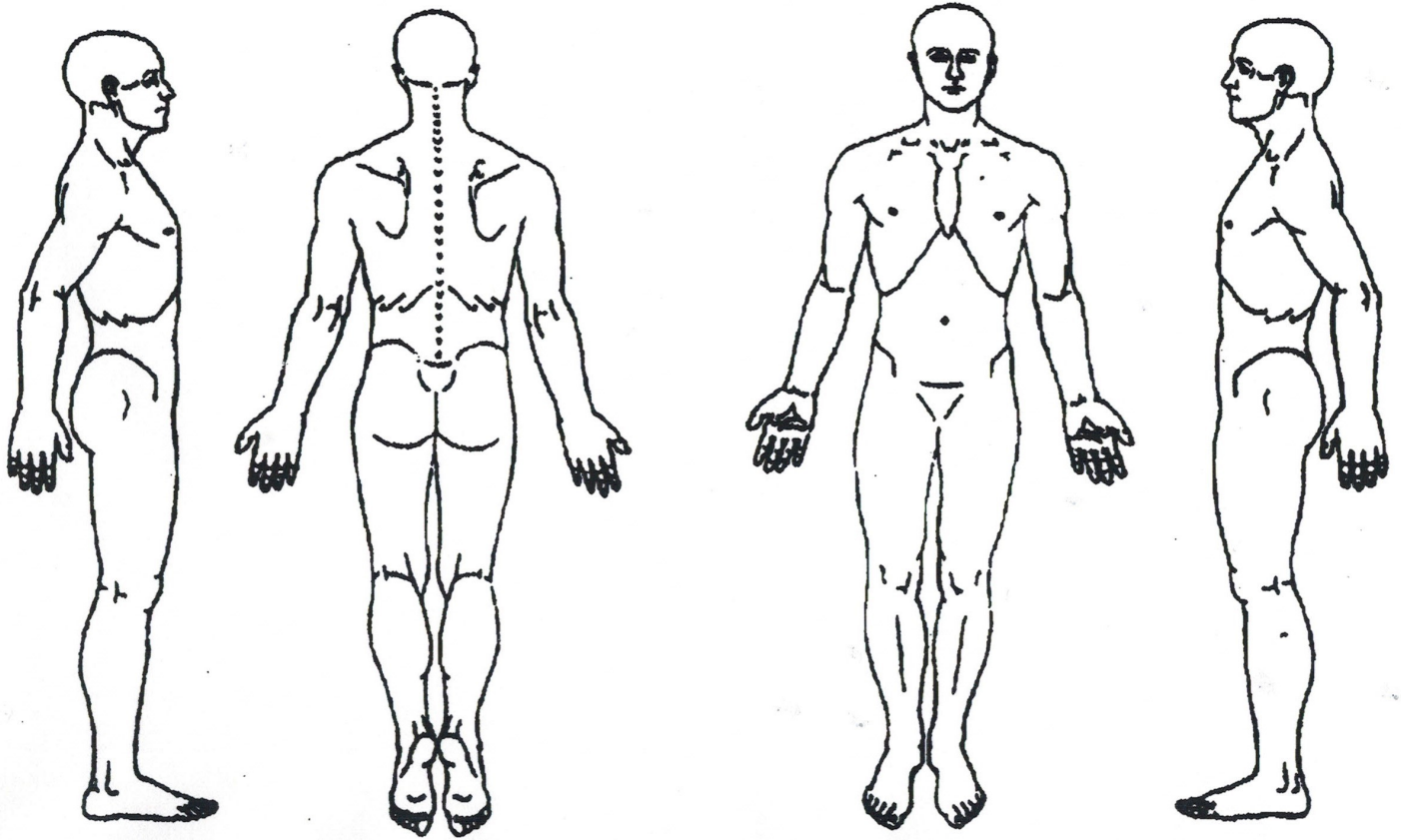
Contraindications for use:

Initial _____

DO NOT USE IF YOU are pregnant, suspect you might be, or have implanted electronic devices. This warning includes any implanted electronic devices such as pacemakers, defibrillators, and cochlear devices. The only absolute contraindication for use of a PEMF device / Frequency Specific Micro-current is placing an active applicator over implanted electrical devices like pacemakers, cochlear implants, intrathecal pumps, etc., because the magnetic field can shut the device off.



Use the above Pain Rating Scale to describe the level of pain, you perceive it to be. This pain scale is an excellent way to map your progress during PEMF Cellular Exercise (CE) session.



Please circle or highlight the area(s) of issue or pain. Specify R for right, L for left or B for both (bilateral).

Brief Medical History: Only as pertaining to the chronic / acute pain issue(s):

Daily Activities:

Print Name _____

Sign Name _____

Date ____/____/____

PULSE CENTER STAFF:

Print Name _____

Sign Name _____

Date ____/____/____

Cellular Exercise Tracking Sheet

SESSION # / DATE	SESSION TIME	PAIN BEFORE	PAIN AFTER
		1 2 3 4 5 6 7 8 9 10 10+	1 2 3 4 5 6 7 8 9 10 10+
Body Targeted	Accessories used	PPS/MFS	TIMED
	<i>Chair, Pad, Paddles, Rings, Bed</i>		
	<i>Chair, Pad, Paddles, Rings, Bed</i>		
	<i>Chair, Pad, Paddles, Rings, Bed</i>		
Progress Notes: (<i>Benefits, Decreased Pain, Increased ROM, etc.</i>):			
Next Session Plan _____			
Technician: _____			

SESSION # / DATE	SESSION TIME	PAIN BEFORE	PAIN AFTER
		1 2 3 4 5 6 7 8 9 10 10+	1 2 3 4 5 6 7 8 9 10 10+
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