Towers Family Chiropractic 2302 Colonial Ave. SW, Roanoke, VA 24015 540-343-6636

Bioelectrical Impedance Analysis Permission Form

My signature below indicates I agree to the following (Check off each box before signing this form; please ask if you need an explanation.)

* I understand that this body composition analysis will give me numerous biomarker variables.
* I understand that I will receive a report to share and discuss with my healthcare provider.
* I am NOT pregnant.
* I do not have a pacemaker, defibrillator, medication pump or other implanted medical electronic device.
* I have notified the Technician if I have a metal joint replacement or metal rod/pin implants of any kind.
* I have been given contact information if I have any questions at a later date.
* I release the technician of any liability of any kind.
* I have emptied my bladder and/or bowels prior to the test.
* My cell phone will not be near my body during the test.
* I have removed any metal jewelry, magnetic objects, and therapeutic magnets.
* I have removed the shoe, sock, or stocking from my right foot and ankle (or on the left side if directed by the technician).

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***To prepare for your BIA***: **DO NOT CONSUME ALCOHOL FOR 12 HOURS BEFORE THE TEST. DO NOT CONSUME CAFFEINE (COFFEE, TEA, ENERGY DRINKS, SODA) 8 HOURS BEFORE THE TEST. DO NOT EXERCISE OR TAKE A SAUNA 8 HOURS BEFORE THE TEST**.

The following information is required to generate your BIA report.

First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Birth date\_\_\_\_\_\_\_\_ Age\_\_\_\_\_Weight\_\_\_\_\_ Target Weight\_\_\_\_\_\_ Height\_\_\_\_\_\_\_\_\_

Frame: small medium large (please circle one)

Activity Level: very light light moderate heavy exceptional (please circle one)