

Heart Sound Recorder Patient Consent Form

I give _____ permission to record the sound of my heart and to create a graph of that sound on the Heart Sound Recorder (a general wellness cardiac stress monitor). I have been informed and understand that the Heart Sound Recorder is not an electrocardiograph like those in hospitals or physicians and that it is not capable of diagnosing heart conditions and is not in any way a substitute for such a device. I further understand that the Heart Sound Recorder has not been reviewed or cleared by the US Food and Drug Administration. I understand that if I have or believe I have a heart condition, that I should see a physician qualified to evaluate and treat that condition.

Any suggested nutritional or dietary advice is not intended as treatment or therapy for any disease or symptom of disease. Nutritional counseling, supplement recommendations, and exercise considerations provided to me are to support the normal physiological processes of the body.

I understand that any techniques, treatments, or lifestyle changes suggested after the use of this device should be undertaken only with the guidance of a licensed physician, therapist, or healthcare practitioner.

The findings from this device can be used to support, but should not be used in place of sound medical therapies and recommendations.

I am giving permission to _____ to share my graph with other practitioners for educational purposes only so long as my name and other personal information are removed.

By signing below, I agree to the above.

Print Name: _____

Signature : _____

Date: _____

PREPARING for a Heart Sound Recorder evaluation:

- **Hydrate** – drink 6-8 oz of filtered or spring water prior to the test
- **Clothing** - have the client dress so that they can comfortably get down to one thinner layer of clothing. The microphone does fine listening through one layer. Sports bras for women are the best. The microphone can be placed underneath the bra to hold the microphone in place. Removing neck jewelry and clipping up women's long hair is helpful
- To have **finished eating at least 1 1/2 hours prior to the test and have it be a light meal, no alcohol, no caffeine**
- **No caffeine prior to the test...**unless you want to see the effects of the caffeine on the heart's rate, rhythm and tone
- Have a **relaxed time frame around the scheduled appointment**. Ask the client to arrive 10 minutes early to be able to relax and come to center. Also ask them to leave some flexible time after the appointment. Being anxious of a tight schedule and where one needs to be next can influence the test
- **Medications** – if you wish to see if they are affecting the client's progress, run the graph before taking any medications that day
- **Electrical devices, computer watches** – if suspecting they are interfering with someone's nervous system, take a second graph without the devices on their body
- **For Rechecks** – SP supplements are food. They can be taken at normal intervals throughout the day. Run the graphs in the client's normal rhythm of eating and taking supplements. See the person as they are less "junk food" and poison