

PandoraStar: Risk Assessment & Informed Consent Form

The PandoraStar lamp uses computer controlled LED technology to produce flickering white light that is observed through closed eye lids. This flickering white light guides our brainwaves through a natural process called the "frequency following response" to enable us to achieve and benefit from a variety of altered states of consciousness for both physical and mental benefit.

RISK ASSESSMENT: PANDORASTAR IS NOT SUITABLE FOR EVERYONE

To enable us to advise you on whether the PandoraStar lamp is suitable for you, please read the questions below carefully and circle your answer YES or NO. If you answer YES to any question then for your safety the PandoraStar lamp is not suitable for you.

- | | | |
|--|-----|----|
| 1) Have you ever personally suffered from epilepsy or had a seizure? | YES | NO |
| 2) Do you have any family history of epilepsy or seizures? | YES | NO |
| 3) Are you taking any prescribed medication (*) including for anxiety or depression? | YES | NO |
| 4) Do you have any psychological or psychiatric conditions? | YES | NO |
| 5) Have you ever had any head or brain injuries, or had brain surgery? | YES | NO |
| 6) Have you ever had a stroke? | YES | NO |
| 7) Are you taking any photosensitive medication? | YES | NO |
| 8) Are you pregnant? | YES | NO |
| 9) Have you had laser treatment to your face within the last month? | YES | NO |
| 10) Have you taken any recreational or psychoactive drugs in the last 24 hours? | YES | NO |
| 11) Have you consumed any alcohol in the last 24 hours? | YES | NO |

INFORMED CONSENT: PLEASE READ ALL STATEMENTS CAREFULLY

12) I confirm that I have read the form carefully, understand the questions and have answered truthfully...

13) I confirm that the nature of the PandoraStar lamp and the session named:
that I am about to experience has been explained to me...

14) I confirm that I understand the PandoraStar lamp is NOT a medical or psychological therapy and is not intended as a treatment or remedy for any condition...

15) I confirm that whilst I have never suffered from epilepsy or seizures I understand that there is a statistical chance of 1 in 3000 that I could be sensitive to flickering light and that this in rare cases could lead to a seizure...

16) I confirm that I have been asked at this time whether I have any unanswered questions about the PandoraStar lamp and experience and I do not...

17) I confirm I am satisfied the person supervising my session has the knowledge and training to do so...

18) I confirm I am a competent adult of at least 18 years of age and I sign this Informed Consent Form of my own free will. **Please complete the details below in BLOCK CAPITALS.**

Client signature _____ Print name _____

Date of Birth _____ Contact number _____

Emergency contact name and number _____

TO BE COMPLETED BY THE SESSION SUPERVISOR

Print name _____ Signature _____ Date ____ / ____ / ____