

Consent for Virtual Reality Therapy with Empowering Minds Together

Virtual Reality Therapy is extremely safe. There is a small percentage of the population that may experience side effects such as nausea, dizziness, visual fatigue, disorientation, and vertigo due to "incongruence of the sensory signal". That is due to differences between what they are perceiving in the virtual environment being different from what their body is experiencing. Side effects can be experienced immediately during session or after session. However, it should be noted that improvements in the lag time between the virtual images and head movements have reduced these side effects for many people. There are some issues and disorders that are contraindicated for this type of procedure (see below for contraindications). Please read through the following list of medical conditions. Please answer 'yes" or "no" to each item. If you've been diagnosed with, or believe you suffer from any of the following medical conditions are contraindicated and therefore should NOT use Virtual Reality Therapy.

Name of Therapist/Provider :

Epilepsy * Yes No Hypertension * Yes No Severe Motion Sickness or Vertigo * Yes No Ear Infection or Prone to Ear Infections * Yes No **Recent Surgical Intervention*** Yes No Any chance you may be pregnant?* Yes No **Cardiovascular Disease ?*** Yes No Psychosis or Serious Mental Illness ? * Yes No

By completing and submitting this form, you are acknowledging you understand and accept Virtual Reality Therapy for your treatment plan. Please review and read carefully our Terms of Service on our website. Please complete this form and email it to empoweringmindstogether@gmail.com

First Name *

First Name		
Last Name *		
Last Name		
Email *		
Email Address		
Address * Address Line 1		
City		
State		
Zip Code		
Country		
Phone number *		
Date/Time *		
Signature *		