



## **Starlight House Safety Consent for Vibration, Light & Sound Sessions**

### **Safety Questionnaire**

The Roxiva RX1 lamp uses computer-controlled LED technology to produce flickering white light that is observed through closed eyelids. 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, as well as relaxation and internally generated visual art.

### **RISK ASSESSMENT: ROXIVA RX1 IS NOT SUITABLE FOR EVERYONE**

**To enable us to advise you on whether the Roxiva RX1 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 Roxiva RX1 lamp is not suitable for you without further information or written consent from your doctor.**

- 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 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

11.1) Have you ever suffered with Vertigo? YES NO

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 Roxiva RX1 lamp and the session that I am about to experience has been explained to me...

14) I confirm that I understand the Roxiva RX1 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 Roxiva RX1 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...

8) 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

Session name \_\_\_\_\_