

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.

Have you ever personally suffered from epilepsy or had a seizure?	YES	NO
Do you have any family history of epilepsy or seizures?	YES	NO
Are you taking any prescribed medication (*) including for anxiety or depression?	YES	NO
Do you have any psychological or psychiatric conditions?	YES	NO
Have you ever had any head or brain injuries, or had brain surgery?	YES	NO
Have you ever had a stroke?	YES	NO
Are you taking any photosensitive medication?	YES	NO
Are you pregnant?	YES	NO
Have you had laser treatment to your face within the last month?	YES	NO
Are you under the influence of recreational or psychoactive drugs?	YES	NO
Are you under the influence of alcohol?	YES	NO

INFORMED CONSENT: PLEASE READ ALL STATEMENTS CAREFULLY

- I confirm that I have read the form carefully, understood the questions and have answered truthfully.
- I confirm that the nature of the PandoraStar lamp and the session named: that I am about to experience has been explained to me.
- 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.
- 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.
- 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.
- I confirm I am satisfied that the person supervising my session has the knowledge and training to do so.
- 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.

Name: _____ Signature: _____

Date of Birth: _____ Contact Number: _____

TO BE COMPLETED BY THE SESSION SUPERVISOR

Date: _____ Comments: _____