

# PEMF Cellular Exercise Session Tracker

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Current Age:\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

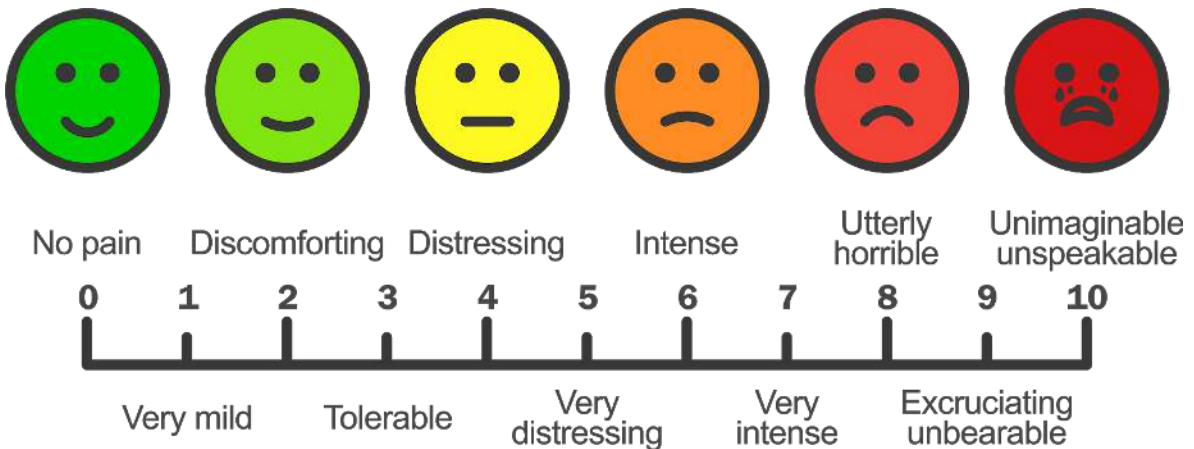
Email: \_\_\_\_\_ . \_\_\_\_\_ PH. Cell or Home ( ) - \_\_\_\_\_ - \_\_\_\_\_

## Contraindications for use:

Initial \_\_\_\_\_

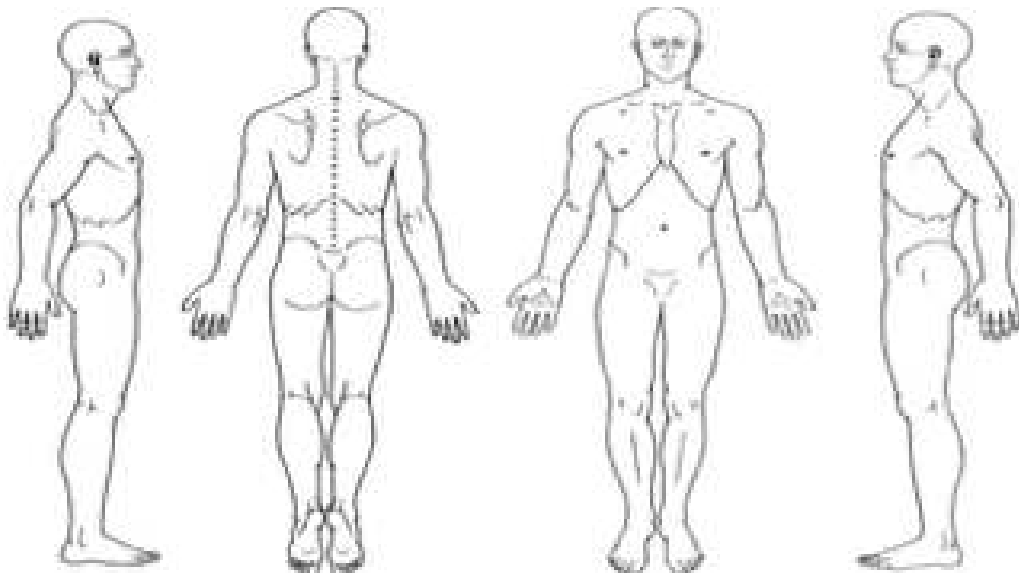
**DO NOT USE IF YOU are pregnant, suspect you might be, or have implanted electronic devices.**

This warning includes any implanted electronic devices such as pacemakers, defibrillators, and cochlear devices. The only absolute contraindication for use of a PEMF device / Frequency Specific Micro-current is placing an active applicator over implanted electrical devices like pacemakers, cochlear implants, intrathecal pumps, etc., because the magnetic field can shut the device off.



Use the above Pain Rating Scale to describe the level of pain, you perceive it to be. This pain scale is an excellent way to map your progress during PEMF (CE) session.

# PEMF Cellular Exercise Session Tracker



Please circle or highlight the area (s) of issue or pain. Specify R for right, L for left or B for Both or Bilateral.

Brief Medical History: Only as it pertains to chronic/ acute pain issues:

---

---

---

Daily Activities:

---

---

---

Print Name \_\_\_\_\_

Sign Name \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

## STAFF:

Print Name \_\_\_\_\_

Sign Name \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

## PEMF Cellular Exercise Session Tracker

SESSION DATE:	SESSION TIME:	PAIN BEFORE:	PAIN AFTER:
/ /	min.	1 2 3 4 5 6 7 8 9 10 10+	1 2 3 4 5 6 7 8 9 10 10+
/ /	min.	1 2 3 4 5 6 7 8 9 10 10+	1 2 3 4 5 6 7 8 9 10 10+
/ /	min.	1 2 3 4 5 6 7 8 9 10 10+	1 2 3 4 5 6 7 8 9 10 10+
/ /	min.	1 2 3 4 5 6 7 8 9 10 10+	1 2 3 4 5 6 7 8 9 10 10+
/ /	min.	1 2 3 4 5 6 7 8 9 10 10+	1 2 3 4 5 6 7 8 9 10 10+
/ /	min.	1 2 3 4 5 6 7 8 9 10 10+	1 2 3 4 5 6 7 8 9 10 10+
/ /	min.	1 2 3 4 5 6 7 8 9 10 10+	1 2 3 4 5 6 7 8 9 10 10+
/ /	min.	1 2 3 4 5 6 7 8 9 10 10+	1 2 3 4 5 6 7 8 9 10 10+
/ /	min.	1 2 3 4 5 6 7 8 9 10 10+	1 2 3 4 5 6 7 8 9 10 10+
/ /	min.	1 2 3 4 5 6 7 8 9 10 10+	1 2 3 4 5 6 7 8 9 10 10+

BODY TARGETED:	ACCESSORIES USED:	PPS/MFS:	TIME:
	Chair, Pad, Paddles, Rings, Bed	/	
	Chair, Pad, Paddles, Rings, Bed	/	
	Chair, Pad, Paddles, Rings, Bed	/	
	Chair, Pad, Paddles, Rings, Bed	/	
	Chair, Pad, Paddles, Rings, Bed	/	
	Chair, Pad, Paddles, Rings, Bed	/	
	Chair, Pad, Paddles, Rings, Bed	/	
	Chair, Pad, Paddles, Rings, Bed	/	
	Chair, Pad, Paddles, Rings, Bed	/	
	Chair, Pad, Paddles, Rings, Bed	/	

Progress Notes: (Benefits, Decreased Pain, Increased ROM, etc.):

---



---