Prepared by: THE ROSE CLINIC LTD

Sano HomeQure PEMF

PRE-USE HEALTH QUESTIONNAIRE

Why we ask you to complete this form
Your answers help us decide whether HomeQure pulsed electromagnetic field (PEMF) use is appropriate, whether the programme needs adapting, or whether medical or device-manufacturer advice is required first. PEMF is not a substitute for diagnosis, urgent medical care or prescribed treatment.

1. About you

Full name: _____

Date of birth: _____ Age: _____ Pronouns (optional): _____

Address: _____

Postcode: _____ Telephone: _____ Email: _____

GP practice / usual clinician: _____

Emergency contact (optional): _____ Telephone: _____

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2. What would you like help with?

Main symptom, condition or wellbeing goal: _____

Where in the body? _____

When did it begin? _____ Has a healthcare professional diagnosed it? ☐ Yes ☐ No

Diagnosis (if known): _____

Current severity (0 = none, 10 = worst imaginable): _____ / 10

What would a useful improvement look like for you? _____

Treatments, tests or advice already received: _____

3. A YES in one or more boxes means Sano HomeQure is not ideal for use

Please tick one answer for every question	YES	NO
Do you have a pacemaker, implantable cardioverter-defibrillator (ICD), loop recorder or any implanted heart-rhythm device?	☐	☐
Do you have any implanted or body-worn electronic device, including a neurostimulator, deep-brain/spinal-cord stimulator, cochlear implant, medication/insulin pump or continuous glucose monitor?	☐	☐
Are you pregnant, possibly pregnant, actively trying to conceive, or undergoing fertility treatment?	☐	☐
Have you had a seizure, epilepsy, unexplained blackout or loss of consciousness?	☐	☐
Do you currently have, or are you being assessed or treated for, a blood clot (DVT), pulmonary embolism, active internal bleeding or a serious bleeding disorder?	☐	☐
Do you currently have a high temperature, acute infection, sepsis, or feel acutely unwell?	☐	☐
Do you have new, unexplained or rapidly worsening symptoms for which you have not sought medical advice?	☐	☐

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4. Conditions requiring extra care or possible clearance

Please tick one answer for every question	YES	NO
Heart or circulation condition, including significant arrhythmia, angina, heart failure, fainting or very low/uncontrolled blood pressure?	☐	☐
Cancer that is active, suspected, newly diagnosed, recurrent, or currently being treated or monitored?	☐	☐
Recent surgery, procedure, fracture, major injury or wound that has not healed?	☐	☐
Metal implant, joint replacement, surgical clips, stent, mesh, dental implant, retained metal fragment or other implanted material?	☐	☐
Organ transplant, implanted tissue graft, or medicine used to suppress the immune system?	☐	☐
Diabetes, especially unstable glucose levels, loss of sensation, slow-healing wounds or use of insulin?	☐	☐
Bleeding or bruising easily, very heavy bleeding, or taking anticoagulant/antiplatelet medication?	☐	☐
Neurological condition, severe migraine, marked sensory sensitivity or a history of an unusual reaction to electrical/electromagnetic treatment?	☐	☐
Significant thyroid, adrenal or other endocrine condition that is not stable?	☐	☐
Tuberculosis, severe fungal infection, or another infection requiring ongoing specialist treatment?	☐	☐
Are you under 18 or still growing?	☐	☐
Has any doctor, surgeon, device clinic or other healthcare professional advised you to avoid electromagnetic fields or PEMF?	☐	☐

Please give details for every YES answer (condition/device, date, body location and clinician):

_____

_____

_____

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5. Medicines, supplements and allergies

Keep taking medicines exactly as prescribed
Do not stop, reduce or change any prescribed medicine because you are starting PEMF. Tell us about all medicines so that symptoms and possible changes can be monitored safely. Contact your prescriber if you have concerns.

Prescription medicines (name, dose and reason):

_____

_____

Over-the-counter medicines and supplements: _____

Medicine or material allergies / previous serious reactions: _____

Have any medicines or doses changed in the last 4 weeks? ☐ Yes ☐ No. Details:

_____

6. General health

Please tick one answer for every question	YES	NO
Are you currently under the care of a GP, consultant, physiotherapist or other practitioner for this issue?	☐	☐
Have you had an operation or hospital admission during the last 12 months?	☐	☐
Do you have reduced skin sensation, neuropathy, numbness or difficulty recognising heat/discomfort?	☐	☐
Do you have mobility, communication, memory or cognitive difficulties that could affect safe independent use?	☐	☐
Do you have a fluid restriction or have you been told to limit drinks because of heart or kidney disease?	☐	☐

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7. Your starting point *This helps us judge change over time; it is not a diagnostic assessment.*

During the last 7 days	None / good	Some difficulty	Severe difficulty
Pain or discomfort	☐	☐	☐
Sleep quality	☐	☐	☐
Energy / fatigue	☐	☐	☐
Mobility / activity	☐	☐	☐
Stress / ability to relax	☐	☐	☐
Other main symptom	☐	☐	☐

Anything else about your health, expectations or concerns that we should know?

_____

_____

_____

8. Patient declaration and agreement

☐ I have answered the questions honestly and, to the best of my knowledge, completely.

☐ I will tell the practitioner before use if my health, pregnancy status, medicines or implanted devices change.

☐ I understand that this questionnaire does not diagnose illness or guarantee that PEMF is suitable or effective for me.

☐ I will follow the current Sano HomeQure instructions and the programme agreed with the practitioner; I will not increase intensity or duration without advice.

☐ Before each session I will remove keys, bank cards, watches, hearing aids and other removable electronic/magnetic items from the treatment area, as instructed.

☐ I will stop use and seek advice if I feel unwell or develop unexpected or worsening symptoms. For severe symptoms (such as chest pain, breathing difficulty, collapse, sudden weakness or heavy bleeding), I will seek urgent medical help.

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Patient name: _____ Signature: _____

Date: _____ If signed by parent/guardian, relationship: _____

Practitioner review - for clinic use only

Clinical check	YES	NO
All questions completed and YES answers discussed?	☐	☐
Current Sano HomeQure instructions for use checked for this patient and planned applicator/programme?	☐	☐
Further information, medical clearance or implanted-device manufacturer advice required before use?	☐	☐
Baseline symptoms and agreed aim recorded?	☐	☐

Outcome: ☐ **Suitable to begin** ☐ **Begin with modifications** ☐ **Defer pending information/clearance** ☐ **Not suitable** _____

Agreed programme / applicator / intensity / duration: _____

Modifications, advice, review date or reason deferred: _____

Practitioner name: _____ Signature: _____ Date: _____

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Practitioner notes and decision record

Important
This screening form supports - but does not replace - professional judgement, the current Sano HomeQure instructions for use, the intended purpose of the device, and advice from the patient's treating clinician or implanted-device manufacturer. Device-specific instructions take priority over generic PEMF guidance.

1. _____

_____

2. _____

_____

3. _____

_____

4. _____

_____

5. _____

_____

Treatment / loan handover checklist

Please tick one answer for every question	YES	NO
Correct control unit, applicator and leads identified; equipment visually checked?	☐	☐
Patient shown safe positioning, programme selection, intensity, duration, start/stop and emergency stop?	☐	☐
Removal/storage of hearing aids, keys, bank cards, watches and personal electronics explained?	☐	☐
Patient told not to use another attached electrical therapy device (for example TENS) at the same time?	☐	☐
Normal hydration advised unless the patient has a medical fluid restriction?	☐	☐
Written programme and contact route provided; patient knows when to stop and seek advice?	☐	☐
Follow-up/review date agreed and outcome measure selected?	☐	☐

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Equipment Serial number/ ID: _____

Date issued/used: _____

Review date: _____

Practitioner initials: _____

Patient/borrower initials: _____

Source and governance note

Developed with reference to: AOPP PEMF Pre-Treatment Checklist and Guidelines (2021); current general PEMF safety literature; and UK medical-device safety principles. This form deliberately records disputed or device-dependent cautions for practitioner review rather than presenting them as universal contraindications. Review whenever the Sano HomeQure instructions, device configuration, clinical policy or relevant guidance changes.

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