



# THE STARLIGHT HOUSE

*Feel the Frequency*

## **The Starlight House Vibe Sessions Safety Assessment**

This is a powerful device. **Remember that you are in control of the experience.** At any time, you can cover your eyes with the supplied face mask, and it will lessen the intensity. As we work together, we can personalize your experience to increase or if decrease the intensity of the light to meet your comfort.

Don't push yourself! We recommend you be well hydrated (drink water).

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

**IMPORTANT: Roxiva is NOT suitable for people under 18 years old without a doctor's approval. People who are being treated for psychological conditions (EG: Depression, Personality disorders, PTSD) or who suffer from regular Vertigo (balance issues) or dizziness should only use brainwave entrainment under professional supervision.**

**MEDICATION: Some medications (such as anticonvulsants and antipsychotics) taken for prolonged periods of time or in high doses can lower the threshold for seizures. Please advise your pracif you are taking any of these medications.**

**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 lamp is not suitable for you without further information or written consent from your doctor.

**Please ask for clarity on any of the questions if you are unsure.**

- 1) Have you ever personally suffered from epilepsy or had a seizure?    YES    NO
- 2) Do you have a family history of epilepsy or seizures?    YES    NO
- 3) Are you pregnant?    YES    NO
- 4) Do you have severe insomnia or are you currently sleep deprived?    YES    NO

5) Have you ever had a stroke, head injury or brain surgery? YES NO

6) Are you taking an SSRI (anti-depressant) ? YES NO

7) Are you currently micro-dosing when any substance? YES NO

8) Have you had any laser treatments to your face in the last two weeks or taking any photosensitive medication? YES NO

9) Have you consumed alcohol or recreational drugs in the last 24 hours? YES NO

**INFORMED CONSENT: PLEASE READ ALL STATEMENTS CAREFULLY**

7) I confirm that whilst I have never suffered from epilepsy or seizures, I understand there is a statistical chance of 1 in 3000 that I could be sensitive to flickering light and that this could lead to a seizure.

8) I confirm that I understand that brainwave entrainment is NOT a medical or psychological therapy and is not intended as a treatment or remedy for any condition.

9) I confirm that I have read the form carefully and answered the questions truthfully.

10) I confirm that I sign this Form of my own free will. **Please complete below in BLOCK**

**CAPITALS**

Client signature \_\_\_\_\_

Print name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Contact number \_\_\_\_\_

Emergency contact name and number  
\_\_\_\_\_