QUANTIOM GUARDIAN MINISTRIES

Private Member Association

Vault Scan Intake & Consent Form

March 2026

Quantiom Guardian Ministries
30 N Gold St, Suite 61261, Sheridan, WY 82801
info@quantiom.org | +1-307-218-9385

1. PERSONAL INFORMATION (Required)

Full Legal Name: _____

Other Name(s) Used: _____

Date of Birth: _____

Email Address: _____

Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Member ID: _____ *(Provided by Quantiom)*

(Format: QGM-_____)

2. HEALTH HISTORY (Optional)

Current Health Conditions

Describe any current diagnoses, chronic conditions, or areas of concern.

Current Medications & Supplements

List all current medications, supplements, and dosages.

Allergies & Sensitivities

List any known allergies, drug sensitivities, or environmental reactions.

Previous Surgeries or Major Medical Events

List any significant surgical procedures, hospitalizations, or medical events.

3. ENERGETIC HISTORY (Optional)

Prior Healing Work

Describe any previous experience with energy healing, bioresonance, Reiki, acupuncture, sound therapy, or related modalities.

4. CURRENT HEALTH CONCERNS (Optional)

Primary Reason for Seeking a Vault Scan

Specific Areas of Interest

Check all that apply:

- [ ] General wellness assessment
- [ ] Nutritional assessment
- [ ] Organ system review
- [ ] Hormonal assessment
- [ ] DNA/epigenetic patterns
- [ ] Meridian system assessment
- [ ] Energy field analysis
- [ ] Emotional/stress patterns
- [ ] Toxin/environmental exposure
- [ ] Cellular regeneration
- [ ] Neural/cognitive function
- [ ] Ancestral/inherited patterns
- [ ] Other: _____

5. INFORMED CONSENT (Required)

I, the undersigned, voluntarily consent to receive a Quantiom Vault bioenergetic scan as a Private Member of the Quantiom Guardian Ministries Association.

I understand and acknowledge the following:

a) The Quantiom Vault scan is an energy-based wellness assessment tool and is NOT a medical diagnostic procedure.

b) Scan results, including any SI-generated summaries, are provided for informational and educational purposes. SI-generated summaries have not been evaluated by the FDA

c) I am encouraged to consult with licensed healthcare professionals as desired, regarding any medical concerns based on scan results.

d) The statements made regarding the Quantiom Vault and its scanning technology have not been evaluated by the Food and Drug Administration.

e) I am participating voluntarily within the Private Member Association framework. I understand that services are offered as private energy exchanges, not commercial transactions, under the constitutional protections of the First and Fourteenth Amendments of the United States Constitution.

f) I agree to hold harmless all Members, administrators, practitioners, and the Association itself from any claims, actions, damages, or liabilities arising from this scan and its results, as set forth in PMA Agreement Article 3.

g) My scan data, reports, and health information will be stored securely with access controls and handled in accordance with the Association's Privacy Policy, which aspires to HIPAA-grade data protection standards.

h) I may request access to, correction of, or deletion of my scan data at any time by contacting the Association at info@quantiom.org.

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6. FDA DISCLAIMER

The statements made regarding the Quantiom Vault scanning technology have not been evaluated by the Food and Drug Administration. This scan is not intended to diagnose, treat, cure, or prevent any disease. Results are for informational purposes only. All services are provided within the framework of a Private Member Association under the constitutional protections of the First and Fourteenth Amendments of the United States Constitution.

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7. HOLD HARMLESS ACKNOWLEDGMENT (Required)

By signing below, I acknowledge that I have read and understood all sections of this intake form. I voluntarily consent to receive a Quantiom Vault scan and I agree to the terms outlined above and in the

PMA Membership Agreement (a copy of which was provided to me upon membership enrollment and is available on the Platform (Additional Member Platform Launching in July 2026).

Member Signature: _____ Date: _____

Printed Name: _____ _____

Practitioner Signature: _____ Date: _____

Practitioner Name: _____

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