



Phone: 828-505-2664 Fax: 828-505-2560 www.avorahealth.com

1000 Centre Park Drive Asheville, NC 28805

To determine if the GyroStim is appropriate for you, it is important that you inform us of any of the following conditions.

Check any known condition which you have or suspect that you have:

- High or Low intracranial pressure (ICP)
- Frequent or long standing orthostatic hypotension, especially if there is a loss of consciousness
- Pregnancy
- Arnold Chiari Malformation Type II, III, or IV
- Perilymphatic Fistula or Canal Dehiscence
- Ankylosing Spondylitis
- Unusual or undiagnosed neck pain or stiffness

Check any known symptoms that you have:

- Difficulties swallowing, breathing or talking
- Untreated sleep apnea
- Pain into the lower back of the head and neck intensified with coughing or sneezing (ACM)
- Double vision: if so, is it (circle one) constant or intermittent AND is it (circle one) side by side or up and down
- Detached retina
- Seizures: if so, are they controlled with medication _____ (yes/no). Date of last seizure _____
- Difficulty with coordination

Check any condition which you have: (may preclude inversion in the GyroStim)

- Numbness & tingling into hands or feet due to nerve compression
- Uncontrolled High Blood Pressure
- Orthostatic hypotension
- History of bloodshot eyes when inverting
- Cardiovascular disease
- Obesity
- Insulin resistant diabetes
- Weak blood vessels in the eyes
- Brain tumors or space occupying lesions in the brain

Printed Name: _____

Subject Signature: _____ Date: _____

If Subject is a Minor, Print Guardian name & Signature: _____