



### IONIC DETOX FOOTBATH INTAKE AND CONSENT FORM

Patient Name \_\_\_\_\_ File No. \_\_\_\_\_  
 Practitioner: Hannah Shalom DCHM (Hon) FCHM Homeopath Registration #: 15459  
**PERSONAL INFORMATION** Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone (cell): \_\_\_\_\_ (home): \_\_\_\_\_ (work): \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Are you under a doctor's care? \_\_\_\_\_  
 If yes, please explain \_\_\_\_\_  
 Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Referred by? \_\_\_\_\_

Please CIRCLE all present and former conditions that apply.

- |                                                                                     |     |    |
|-------------------------------------------------------------------------------------|-----|----|
| 1. Do you have a pacemaker or other electrical monitoring device within the body?   | YES | NO |
| 2. Do you have an Auto-Immune disease?                                              | YES | NO |
| 3. Do you have a liver disease?                                                     | YES | NO |
| 4. Do you suffer from Epilepsy?                                                     | YES | NO |
| 5. Do you currently have any open cuts on your feet?                                | YES | NO |
| 6. Do you have any artificial organs or have you ever received an organ transplant? | YES | NO |
| 7. Are you pregnant or nursing?                                                     | YES | NO |
| 8. Are you on any medication medicine, including blood thinner?                     | YES | NO |
| If yes, what kind of medication?                                                    |     |    |

**CAUTION**

I understand that I **MAY NOT** undergo Ionic Detox Footbath treatment if:

- I have an implanted electronic device such as a pacemaker.
- I have had recent surgery (within the last 4 weeks) or an organ transplant.
- I am on life support.
- I have rods, pins, plates, head coils, staples or stents anywhere in my body.
- I have major cardiac problems.
- I take blood thinner.
- I have any hemorrhaging or bleeding.
- I am pregnant or nursing.
- I have had any recent significant trauma (auto accident, fall, etc.)
- I am taking life threatening medication. (Consult your physician re prescription drugs.)



**DO NOT HAVE A FOOTBATH EVERY DAY-this is too much!**

**Everyone is unique and their reaction and health needs vary. You may choose to have a footbath once or twice a week. If you are experiencing a strong reaction, take a break and drink lots of water; next time lower the current or the time.**

I understand that the Ionic Detox Footbath I receive is provided for the basic purpose of removing toxins from my body. If I experience any discomfort during this session, I will immediately inform the practitioner so the treatment may be adjusted to my level of comfort.

I further understand that the Ionic Detox Footbath should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware.

Because the Ionic Detox Footbath should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

*Ionic Detox Footbath, is a powerful modality, and certain medical conditions are contraindicated and determine if and when you can receive a session. After consultation and review of the information you have provided on this form, it will be determined if the Ionic Detox Footbath should be administered to you today. For your safety and well-being, some conditions will require a note from your doctor, or consultation with your referring provider, before proceeding.*

**PLEASE READ CAREFULLY AND SIGN BELOW**

All statements made on this form are true to the best of my knowledge.

I understand that all personal information provided is confidential as governed by law except to facilitate treatment or diagnosis. All information given here is given only to assist the therapist in delivering appropriate, safe and beneficial treatments.

- I understand that the nature and purpose of the treatment will be explained to me and that I have the right to stop or modify the treatment at any time, as does the practitioner.
- I understand I have the right to ask questions at any time.
- I understand that the benefits of ionic detox footbaths include increased circulation to the tissues and that I may feel tired, light-headed, tingling or a "pulling" sensation from certain areas in my body during the treatment.
- I understand that verbal consent must be given before any treatment.
- I understand that I am responsible for payment in full of all treatment and related fees immediately following each of my appointments by cash, cheque, Visa or MasterCard.
- I understand that 48 hours' notice by telephone is required to re-schedule any future appointment, or full charges will apply.
- My signature on this page absolves any liability on behalf of Hannah Shalom of the Pure, Simple and Amazing Homeopathic Family Practice or any of their assigns at this present time or any time in the future.

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date