



IONIC CLEANSE Consent & Consultation Form

Patient Form

Private & Confidential

Cupping & Complementary Medicine Clinic

Successful health care and preventative medicine are only possible when the practitioner has a complete understanding of the patient physically, mentally and emotionally. Please complete this questionnaire as thoroughly as possible. Print all information and indicate areas of confusion with a question mark. Thank you.

Date:

1: Personal Details

Title & Name					
Address					
Tel		Mob			
Email					
Date of Birth		Age		Gender	Male/Female

2: Emergency Contact

Name	
Tel	
Relationship	

3: Current Readings

Blood Pressure		Pulse Rate	
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4: Contra Indications Check list

Please tick the appropriate responses

<input type="checkbox"/>	Do you have a Pacemaker or any other battery-operated/electrical implant
<input type="checkbox"/>	Do you have any device placed on/near the heart eg, stent, valves
<input type="checkbox"/>	Are you taking any heartbeat regulating medication
<input type="checkbox"/>	Are you Pregnant / nursing mother
<input type="checkbox"/>	Have you had an Organ transplant
<input type="checkbox"/>	Have you an organ removed, especially the colon
<input type="checkbox"/>	Do you have a tendency to faint or have blackouts or epilepsy ?
<input type="checkbox"/>	Do you have a Psychological case of insanity, psychotic episodes, seizures or rage ?
<input type="checkbox"/>	If so, Are you taking any medication for them, that without them would mentally or physically incapacitate you (eg: epilepsy , insanity , psychotic episodes, seizures or rage etc.)
<input type="checkbox"/>	Do you have any open wounds or cuts on Feet

<input type="checkbox"/>	Metal joint implants
<input type="checkbox"/>	Athletes foot
<input type="checkbox"/>	Any type of foot fungus
<input type="checkbox"/>	Urine canal obstruction

If you have ticked any of the above questions then the Ionic Cleanse Spa treatment CANNOT be used.

5: Precautionary Check list

Please tick the appropriate responses

<input type="checkbox"/>	Have you had anything to eat?
<input type="checkbox"/>	Are you feeling extremely hungry, thirsty or feeling weak or dizzy?

Do you suffer from any of the following conditions?

<input type="checkbox"/>	Low blood pressure	<input type="checkbox"/>	Do you have any serious medical conditions?
<input type="checkbox"/>	Low pulse rate	<input type="checkbox"/>	Do you have any other infectious disease
<input type="checkbox"/>	Low blood sugar levels (hypoglycemia)	<input type="checkbox"/>	Do you have Liver problems?
<input type="checkbox"/>	Low Body temperature	<input type="checkbox"/>	Do you have Kidney problems?
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Are you on kidney dialysis?
<input type="checkbox"/>	Heart problems eg, angina, blood pressure, congestive heart failure	<input type="checkbox"/>	Are you HIV positive?
<input type="checkbox"/>	Have you had any other major heart operation?	<input type="checkbox"/>	Do you have injuries that may be aggravated by the Foot bath
<input type="checkbox"/>	Do you have any Blood clots that may be aggravated by foot bath		

Do you have Cancer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, where and what type		

If you have ticked any of these questions then it is advised to consult your GP prior to having ionic cleanse session.

For anyone with low blood sugar levels (hypoglycemia)– see preparatory checklist.

Do you have any allergies e.g. to aromatherapy oils or fragrances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what from		

6: Preparatory check list for Detox Foot Spa Treatment

<input type="checkbox"/>	If you have low blood sugar have you eaten ?
<input type="checkbox"/>	Are you properly hydrated ?
<input type="checkbox"/>	If you take Prescription medication, has it been 4 hours before starting to the Detox Foot Spa session
<input type="checkbox"/>	If you have a medical condition (eg. dialysis, diabetes, congestive heart failure etc...) have you consulted your GP and obtained consent for having Aqua Detox session.
<input type="checkbox"/>	Have you had an electrolyte drink (eg, coconut water)
<input type="checkbox"/>	Have you had multivitamin/multimineral supplements.
<input type="checkbox"/>	Have you removed all jewellery and all metal objects that you maybe carrying, including mobile phones and other electrical devises

Please note that you cannot use a computer or cellular phone during a Ionic Cleanse Spa session

7: Practitioner / Treatment notes

Details

8: After Treatment (How the patient felt)

Details

9: Authorisation/Consent

I, the undersigned, do hereby confirm that I am the above-mentioned patient, I have read and understand the content of this form and also the before and after treatment plan.

I hereby accept full and complete responsibility for my health and all conditions thereof related. I understand and acknowledge that Health Elements , nor any therapist or representative thereof, or the IONIC CLEANSE Foot Bath make any claims, medical or otherwise, regarding the use of these or any other products or services to cure or treat any disease or injury.

I understand the ionic cleanse foot spa bath service is designed to be a health aid and is no way to take place of a doctor's care when it is indicated. Information exchanged during any foot spa bath session is educational in nature and should be used at your own discretion. All client information is held in strict confidence.

The undersigned hereby forever release, discharge, acquit, and hold harmless from any and all claims, actions, suits, demands, liabilities, judgments and proceedings particularly related to or arising from the personal demonstration of any of the above mentioned by Health Elements. or any representative thereof, or the ' ionic cleanse' Foot Bath.

CAUTION Ionic Cleanse is **NOT** recommended for pregnant or nursing mothers, persons with epilepsy, pacemakers, implanted organs, athlete's foot, open wounds on feet, or any type of foot fungus or anyone listed in the contra-indications list. By signing below I affirm that I am free of and do not fit into any of these categories.

CANCELLATION POLICY

I understand that unless I call or cancel my appointment within the 24 hour notice. I will be charged in full for the missed appointment.

I have read, understand and agree to all of the above.

I confirm that the information on this form is correct and accurate and no material information has been omitted. If I become aware that any of the information in this form is incorrect or out of date, I will inform my Complementary Medicine Practitioners immediately.

If you are under 18 years of age, please have your parent or legal guardian sign below.

I have read and agree to the terms of the preceding paragraphs. All the information is true to the best of my knowledge.

Signature: _____ Date: _____

Treatment Session Colour Chart - (Water Colour and Debris Analysis Guideline)

This chart only shows possible indications. It is not for medical diagnosis!

Colour of Water or Particles present in water **Materials being extracted or Area of the Body being Detoxified**

Black	Detoxification from liver and respiratory system
Black Flecks	Heavy metals, indication of Blood Sugar
Brown	Detoxifying from liver, Cellular Debris, tobacco, free radicals, waste products
Dark Green	Detoxifying from gallbladder, liver, digestive system, inflammation
Orange	Detoxifying from joints & muscles
Red Flecks	Blood Clot Material
White Cheese-like Particles	Yeast, acidic wastes (lactic, uric & fatty acids)
White Foam/Bubble	Detoxifying from lymphatic system toxins, digestive system, immune system
Yellow-Green	Detoxifying from kidneys, bladder, urinary tract, reproductive system, female / prostate problems
Oil film	Fats , Triglycerides

Additional Notes/ Information Update