

AQUA DETOX Consent & Consultation Form Patient Form

Private & Confidential

Cupping & Complementary Medicine Clinic

Date:

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.

1: Personal Details							
Title & Name							
Address							
Tel				Mob			
Email							
Date of Birth			Age		Gender	Male/Female	
2: Emergency Contact							
Nam	е						
Tel							
Relat	tionship						
3: Current Readings							
Blood Pressure				Puls	se Rate		
4: Contra Indications Check list Please tick the appropriate responses							
[]		you have a Pacemaker or any other battery-operated/electrical implant					
[]		have any device placed on/near the heart eg, stent, valves					
[]		taking any heartbeat regulating medication Pregnant / nursing mother					
[]		ı had an Organ transplant					
[]		an organ removed, especially the colon					
[]		have a tendency to faint or have blackouts or epilepsy?					
[]		have a Psychological case of insanity, psychotic episodes, seizures or rage?					
[]	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.)				or rage etc.)		
[]	Do you have any open wounds or cuts on Feet						

[] Metal joint implants							
[] Athletes foot	· ·						
[] Any type of foot fungus							
Urine canal obstruction							
If you have ticked any of the above questions then the Aqua Detox Foot Spa treatment CANNOT be used.							
5: Precautionary Check list Please tick the appropriate responses							
[] Have you had anything to eat?							
[] Are you reeling extremely nungry, thirsty or reeli	[] Are you feeling extremely hungry, thirsty or feeling weak or dizzy?						
Do you suffer from any of the following conditions?							
[] Low blood pressure	[] Do you have any serious me	dical conditions?					
[] Low pulse rate	Do you have any other infect	ious disease					
[] Low blood sugar levels (hypoglycemia)	[] Do you have Liver problems'						
[] Low Body temperature	[] Do you have Kidney problem	is?					
[] Diabetes	[] Are you on kidney dialysis?						
[] Heart problems eg, angina, blood pressure, congestive heart failure	[] Are you HIV positive?						
[] Have you had any other major heart operation?	[] Do you have injuries that ma the Foot bath	y be aggravated by					
[] Do you have any Blood clots that may be aggravated by foot bath							
Do you have Cancer?	[] Yes	[] 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 aqua detox							
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session.	,	ig aqua delox					
, i	,	ig aqua detox					
session. For anyone with low blood sugar levels (hypoglycemia	see preparatory checklist.	· .					
session. For anyone with low blood sugar levels (hypoglycemia Do you have any allergies e.g. to aromatherapy oils	see preparatory checklist.	[] No					
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session. For anyone with low blood sugar levels (hypoglycemia Do you have any allergies e.g. to aromatherapy oils If so, what from 6: Preparatory check list for Detox Foot Spa Telegraphics Output Description:	see preparatory checklist. r fragrances? [] Yes atment	· .					
Session. For anyone with low blood sugar levels (hypoglycemia) Do you have any allergies e.g. to aromatherapy oils lf so, what from 6: Preparatory check list for Detox Foot Spa To light ligh	see preparatory checklist. or fragrances? [] Yes atment ?	[] No					
Session. For anyone with low blood sugar levels (hypoglycemia) Do you have any allergies e.g. to aromatherapy oils lf so, what from 6: Preparatory check list for Detox Foot Spa Telescopy in the session [] If you have low blood sugar have you eate least a you properly hydrated? [] If you take Prescription medication, has it be session [] If you have a medical condition (eg. dialysis)	see preparatory checklist. or fragrances? [] Yes atment ? 1 4 hours before starting to the liabetes, congestive heart failure	[] No Detox Foot Spa					
For anyone with low blood sugar levels (hypoglycemia Do you have any allergies e.g. to aromatherapy oils If so, what from 6: Preparatory check list for Detox Foot Spa Telester of the second of th	see preparatory checklist. or fragrances? [] Yes atment ? 1 4 hours before starting to the liabetes, congestive heart failure aving Aqua Detox session.	[] No Detox Foot Spa					
For anyone with low blood sugar levels (hypoglycemia Do you have any allergies e.g. to aromatherapy oils If so, what from 6: Preparatory check list for Detox Foot Spa Te If you have low blood sugar have you eate Are you properly hydrated? If you take Prescription medication, has it be session If you have a medical condition (eg. dialysis consulted your GP and obtained consent for Have you had an electrolyte drink (eg, cocc	see preparatory checklist. or fragrances? [] Yes atment ? 1 4 hours before starting to the liabetes, congestive heart failure aving Aqua Detox session. ut water)	[] No Detox Foot Spa					
For anyone with low blood sugar levels (hypoglycemia Do you have any allergies e.g. to aromatherapy oils If so, what from 6: Preparatory check list for Detox Foot Spa Telester of the second of th	see preparatory checklist. or fragrances? [] Yes atment ? 1 4 hours before starting to the liabetes, congestive heart failure aving Aqua Detox session. out water) ements.	Detox Foot Spa					

Please note that you cannot use a computer or cellular phone during a Detox Foot Spa session

7: Practitioner / Treatment notes

Details	
: After Treatment (How the patient	felt)
etails	
: Authorisation/Consent	
	n the above-mentioned patient, I have read and understand the content of this form and
so the before and after treatment plan.	er, bealth and all any disease the wast valeted 1 wastered and advantaged as that Health Floresets
	ny health and all conditions thereof related. I understand and acknowledge that Health Elements La Detox Foot Bath make any claims, medical or otherwise, regarding the use of these or any othe
oducts or services to cure or treat any disease or in	jury.
	be a health aid and is no way to take place of a doctor's care when it is indicated. Information
onfidence.	ional in nature and should be used at your own discretion. All Client information is held in stric
	acquit, and hold harmless from any and all claims, actions, suits, demands, liabilities, judgments
nd proceedings particularly related to or arriving epresentative thereof, or the Aqua Detox Foot Bath.	from the personal demonstration of any of the above mentioned by Health Elements. or any
CAUTION Aqua Detox is NOT recommended for pr	regnant or nursing mothers, persons with epilepsy, pacemakers, implanted organs, athlete's foot
pen wounds on feet, or any type of foot fungus or ar	nyone listed in the contra-indications list. By signing below I affirm that I am free of and do not fit into
ny of these categories. ANCELLATION POLICY	
	ent within the 24 hour notice. I will be charged in full for the missed appointment.
have read, understand and agree to all of the above	•
	rrect and accurate and no material information has been omitted. If I become aware that
you are under 18 years of age, please have y	r out of date, I will inform my Complementary Medicine Practitioners immediately.
	ding paragraphs. All the information is true to the best of my knowledge.
2	
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, reproductory system, female / prostate problems
Oil film	Fats, Triglycerides

Additional Notes/Information Update