



## Detox Foot Bath Intake Form

(you will be requested to fill one of these out on every visit)

Name : \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E- Mail : \_\_\_\_\_ Referred By: \_\_\_\_\_

**Emergency Contact:** (Name & Number) \_\_\_\_\_

Have you ever had an Foot Detox Bath? \_\_\_\_\_ Date of last session: \_\_\_\_\_

Could you or are you currently pregnant? ☐ yes ☐ no     Are you breastfeeding? ☐ yes ☐ no

Are you a hemophiliac (bleeding issues)? ☐ yes ☐ no     Are you on blood thinners? ☐ yes ☐ no

Have you had a organ transplant? ☐ yes ☐ no     Do you have a pacemaker? ☐ yes ☐ no

Are you epileptic? ☐ yes ☐ no

What current medications and/or supplements do you take on a regular basis? \_\_\_\_\_

Are you currently under the care of a physician or alternative practitioner? \_\_\_\_\_ If yes, please state why: \_\_\_\_\_

Accidents, Illnesses, Injuries or Surgeries which are still affecting you: \_\_\_\_\_

What is your main purpose or health concern for today's visit? \_\_\_\_\_

What are your expectations from today's visit? \_\_\_\_\_

If you have been here previously, how did you feel in the following 2-3 days after your visit?

**DISCLAIMER** (please initial each line after you have read and understand each statement)

\_\_\_\_\_ I acknowledge that I have requested a foot detox bath from **Nicci Van Der Merwe**, which involves immersing my feet in a tub of water, with salt and a Ionic Balancer array. The full process takes approximately 30 minutes.

\_\_\_\_\_ I understand that foot detox bath does not prevent, treat or cure, illness, cancer, disease or injury, but can work with conventional medicine for an overall wellness plan to help balance the body, and this foot bath is not, and should not be, a replacement for proper medical attention.

\_\_\_\_\_ I accept and understand that while every body responds differently to detoxing foot bath, that there may be some degree of discomfort and In very few rare cases a localized rash develops for a day or two, depending on the individual's level of skin sensitivity.

\_\_\_\_\_ If at any time during detox session I feel uncomfortable, I will let **Nicci Van Der Merwe** know and the session will be stopped immediately.

\_\_\_\_\_ I have been advised to drink plenty of water for the rest of this day and at least the next 2 days.

\_\_\_\_\_ I release **Nicci Van Der Merwe**, from any and all liability & responsibility related to any of these symptoms or after affects of a foot detox or any other reactions.

\_\_\_\_\_ I also release **Accendo Mind Body & Soul LLC** and all parties therein of any responsibility or liability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**PARENTAL CONSENT for CHILDREN 17 or YOUNGER**

I \_\_\_\_\_ certify with my signature below, that I am the

parent/legal guardian of \_\_\_\_\_, a child under the age of 18. I give **Nicci Van Der Merwe** full permission to provide an detox foot bath to this child and release her from all responsibility related to statements which I have initialed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_