



*Providing Balance & Wellness*

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## **Tibetan Herbal Foot Soak Intake**

### **Patient Information:** ( If you are already a client with Reed Acupuncture, please go to next section.)

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Gender M F Other \_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone-daytime ( \_\_\_\_\_ ) \_\_\_\_\_ home/work/cell circle one

Email Address: \_\_\_\_\_

May we add you to our email list: \_\_\_\_ Yes \_\_\_\_ No (Used for periodic updates and upcoming events)

Place of employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

(If retired, please list your Occupation prior to retirement)

Relationship Status: \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Living w/Partner \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Widowed

### **Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

If under age of 18, person responsible for your account: \_\_\_\_\_

Whom can we think for referring you to our office? \_\_\_\_\_

### **Please Check if any of the following conditions apply to you:**

\_\_\_\_\_ Have open Wounds on Feet or Ankles

\_\_\_\_\_ Are taking Blood Thinners

\_\_\_\_\_ Have or have had Metastatic Cancer

\_\_\_\_\_ Are Pregnant or Breastfeeding

\*Tibetan Foot Soaks are not recommended for anyone with any of the above listed conditions.

## Informed Consent Tibetan Herbal Foot Soak

I understand that:

- I hereby request and consent to perform a Tibetan Herbal Foot Soak in office as a stand-alone treatment or added on to an acupuncture treatment or being purchased for use at home.
- I have been informant that the Tibetan Herbal Foot Soak is a generally safe method of treatment, but it may have some side effects or temporary reactions such as:
  - Redness of the skin being soaked
  - Itching
  - Increase in pain
  - Increased heart rate
  - Slight sweating
- There is no implied or stated guarantee of success or effectiveness of this specific treatment or series of treatments.
- While I do not expect the clinical staff to be able to anticipate and explain all possible risk and complications of this treatment, I wish to rely on the clinical staff to exercise judgment during the course of treatment--either at home or in the office--which the clinical staff thinks, at the time, based upon the facts then known, is in my best interest.
- I will inform my practitioner immediately if I have any of the following conditions and will discontinue use until I speak to my practitioner:
  - Have open wounds on feet or ankles
  - Have metastatic cancer
  - Are breastfeeding or pregnant
  - Are taking blood thinners (baby aspirin, 81 mg, ok)
- **By voluntarily signing below, I show that I have read, or have had read to me, the above consent to treatment, have been told about the risk and benefits of the Tibetan Herbal Foot Soak, and have had the opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition(s) and any further condition(s) for which I seek treatment.**

Patients' Signature: \_\_\_\_\_

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