

Happy Feet Botanical Soak Intake

Please check if any of the following conditions apply to you:

- _____ Open wounds on feet or ankles
- _____ Taking blood thinners
- _____ Currently or in the past have had metastatic cancer
- _____ Currently pregnant or breastfeeding

****Happy Feet Botanical Soaks are not recommended for anyone with any of the above listed medical conditions****

Informed Consent

I hereby request and consent to perform a Happy Feet Botanical Foot Soak in office as a stand-alone treatment or added to an acupuncture treatment or being purchased for use at home.

I have been informed that Happy Feet Botanical Foot Soaks are generally a safe method of treatment, but there may be some side effects or temporary reactions, such as:

- Redness of the skin being soaked
- Itching
- Temporary elevation of pain levels
- Temporary increased heart rate
- Sweating

There is no implied or stated guarantee of success or effectiveness of this specific treatment or series of treatments.

I will inform my practitioner immediately if I have any of the aforementioned conditions and will discontinue use of the soaks until I speak to my practitioner.

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 risks and benefits of Happy Feet Botanical Foot Soaks 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.

Your credit card will NOT be charged unless you do not show for your scheduled appointment. If that occurs, a \$30 fee will be charged to the card provided. Your card is only needed to guarantee your appointment.

Patient's Signature: _____ Date: _____

Patients' Printed Name: _____

Credit Card Number: _____

Expiration Date: _____ CVV Code: _____