

Constitutional Hydrotherapy Intake

Full Name: _____ DOB: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Occupation: _____

Phone numbers: (M) _____ (W) _____ (H) _____

Questions:

What is the main concern you are receiving Constitutional Hydrotherapy for today?

Have you had a Constitutional Hydrotherapy treatment before?

- Yes
 No

If so, for what purpose? _____

Check any of these conditions that apply:

- | | |
|---|---|
| <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Cardiac disease |
| <input type="checkbox"/> Malignant hypertension | <input type="checkbox"/> Malignancy or Metastatic Cancer, if so,
what type(s): _____ |
| <input type="checkbox"/> Currently bleeding (very heavy menstruation) | <input type="checkbox"/> Raynaud's syndrome |
| <input type="checkbox"/> Pacemaker or other electrical implant | <input type="checkbox"/> Pregnant |
| <input type="checkbox"/> Acute bladder infection | |
| <input type="checkbox"/> History of Blood Clots | |

Please list any other conditions you are diagnosed with:

Consent for Constitutional Hydrotherapy Treatment

I _____ am informed of the risks and benefits of this Constitutional Hydrotherapy treatment. I understand the purpose, procedure, possible side effects and alternative options as outlined by my Naturopathic Doctor. The outcomes of accepting or refusing this treatment have been clearly explained. I am aware that hydrotherapy may involve a minor level of discomfort due to manipulating the temperature of the applications and applying them to the body. If the treatment is not well tolerated I can request to stop, modify, or change the treatment plan if necessary. I have read the above statements and hereby give consent to Hydrotherapy treatment.

Patient's Signature: _____ Date: _____