



OXYGEN, ENERGY & LIGHT THERAPY

at Cleansing Waters, LLC

Experience a unique full body massage, total relaxation, stress relief and an overall feeling of peace and wellness.

Do you have problems with: (Please check all that apply)

<input type="checkbox"/> Lack of exercise	<input type="checkbox"/> General pain	<input type="checkbox"/> Poor digestion
<input type="checkbox"/> Arthritis, Back pain, bone spurs	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Fibromyalgia
<input type="checkbox"/> Asthma & tracheal inflammation	<input type="checkbox"/> Tired & sore muscles	<input type="checkbox"/> Menstrual pains, anemia
<input type="checkbox"/> Poor circulation	<input type="checkbox"/> Overweight	<input type="checkbox"/> Fluid retention
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Stress	<input type="checkbox"/> Constipation

Many have reported improvement with the above problems as well as many other problems.

Health Questions

I understand that I should consult with my physician before use if I am recovering from surgery, have a serious infection or bleeding injury, have heart disease, bone fractures, a pacemaker, pregnancy or epilepsy.

Do you wear a pacemaker or use a heartbeat regulating medicine? Yes / No

Have you had an organ transplant? Yes / No

Do you have any metal plates, pins, rods, or screws? Yes / No

Do you suffer from seizures or been diagnosed with Epilepsy? Yes / No

Are you pregnant or lactating? Yes / No

Do you have a fracture or any open wounds? Yes / No

Have you been diagnosed with a bleeding disorder or take blood thinners? Yes / No

Do you have advanced stages of diabetes? Yes / No

Explain your present health: _____

Have you eaten within 30 minutes _____ Please drink a glass of water before and after the therapy session!

Name: _____ Referred by: _____

Address: _____

Phone: _____ Alternate # _____

Best time to reach me: _____ Email: _____

Signature of Client: _____ Date: _____
(or of Guardian if under age 18)

IMPORTANT NOTE: I understand that with any session there are always unforeseen risks. I take full responsibility of my actions and do not hold AQUADVIDA USA LLC or CLEANSING WATERS LLC accountable for my decision to have a session. Initials: _____ I waive the right to any claims that I may have now or in the future in regards to the foot spa session I am about to experience. Initials: _____

By signing this sheet I authorize Nancy Spahr or other employees of Cleansing Waters to administer a session using the AquaVida® foot spa, Chi Machine, Hothouse, Advanced Electro Reflex Energizer or E-power. I understand these services are not intended to be substitutes for careful medical evaluation and treatment by a competent, licensed personal health care professional. The staff of Cleansing Waters, LLC are not physicians and therefore are not qualified to diagnose or prescribe. I agree not to hold anyone liable for any side effects that may occur during or after the use of the AquaVida® foot spa, Chi Machine, Hothouse, Advanced Electro Reflex Energizer or E-power.