

**Informed Consent for Tibetan Herbal Foot Soaks**

I, the undersigned, hereby request and consent to the performance of Tibetan Herbal Foot Soaks. I have been informed that the temperature ranges between 115° – 100° Fahrenheit on average. I have been presented with a list of contraindications, cautions, and considerations and am declaring that I do not have any of the contraindicated conditions that would limit my ability to proceed with this type of treatment.

**Contraindicated:**

- **Pregnancy**
- **Metastatic cancer**
- **Acute cold/flu**
- **Within 7 days post-surgery**
- **Thrombosis**
- **Open wounds or burns on feet, ankles, or lower legs**
- **Infections**
- **Bleeding disorders**

**Cautions and Considerations:**

- Avoid doing foot soaks if you are hungry
- Avoid doing foot soaks under a draft
- Avoid if bleeding heavily during menstruation
- Caution with unregulated hypertension, making sure your provider is aware of your condition
- If using teabags in a bath, do not recline and submerge your chest in water, stay in an upright seated position
- Similar to a vigorous workout, foot soaks are stimulating if done longer than 20min, therefore if using at night only soak for a shorter duration (>20min)
- Keep your feet dry and warm after your foot soak

I recognize the potential risks and benefits of these procedures as described below:

**Potential Benefits:** Drugless relief of presenting symptoms and improved balance of the body’s energies, which may lead to prevention, improvement, or elimination of the presenting problem.

**Potential Risk:** Discomfort, pain, temporary discoloration of the feet, ankles and legs, possible aggravation of symptoms existing prior to the treatment, swelling, temporally increased heartrate, temporally increased blood pressure, dilating of blood vessels, thinning of blood, sweating, flushing.

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Dr. Elisa Bergquist, EAMP/L.Ac., Dip OM (NCCAOM), LMP, regarding the cure or improvement of my condition. I hereby release Dr. Elisa Bergquist, EAMP/L.Ac., Dip OM (NCCAOM), LMP, from any and all liability, which may occur in connection with the above-mentioned procedures, except for failure to perform the procedures with appropriate medical care. I understand that I am free to withdraw this consent and to discontinue participation in these procedures at any time.

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**Signature of Patient** or person authorized to consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Print Name of Patient** or Patient’s Representative

\_\_\_\_\_  
Date