

Fountain of Health
Kristi Farmer
Detox Foot Bath Intake Form

Date: _____ Name: _____

Phone: _____ Email: _____ DOB: _____

Address: _____

Height: _____ Weight: _____ Blood type: _____

Allergies: _____

Employment: _____ Position: _____

Do you have a pacemaker? _____ Do you have/ever had seizures? _____

Are you a physician's care? If yes, for what reason(s): _____

Emergency contact name: _____ Phone: _____

What would you like to accomplish with the Ionic Foot Detox? _____

How did you hear about Fountain of Health Foot Detox?

- Brochure
- Creative Health Employee
- Friend Referral
- Past/Previous Customer

I hereby attest to the following:

- I know that Kristi K Farmer has not, does not, or will not attempt to treat, prevent, cure, or relieve a disease, ailment, or other conditions. I also understand that Kristi K Farmer has not tried to diagnose or treat me for any disease whether physical or mental, by attendance or by a device, diagnostic test or other means. Nor did she offer to undertake, attempt to do so, or imply that she could diagnose, prevent, cure, or treat disease.
- I understand that Kristi K Farmer is a Certified Natural Health Professional, and she is also an Independent Distributor for Nature's Sunshine Products. Her sole function is to educate through lectures, tutoring, counseling, Ionic Foot Detoxification Education. In order to help educate others as to the historical uses of food, minerals, vitamins, and herbs and the importance of cleansing/detoxifying the body.
- I understand that I must commit my own personal efforts to the services provided. I also understand that my success of any program in which I enter will depend on a large degree to my understanding, determination, and perseverance.
- I acknowledge that my signature indicates that I have read, understand, and agree with the above statements.

Signature: _____ Date: _____