

FULL DISCLOSURE STATEMENT
HEAL TO TOE
REFLEXOLOGY

FULL-SPECTRUM foot, hand and ear REFLEXOLOGY is based on the ancient historical practice which show that stimulation of specific energy points with steady or alternating finger or probe pressure, manual linear percussion, intra or ultra sound, coherent / noncoherent photon (light) radiation, magnetism, piezo or microamp electrical current, heat, ice and /or foot & hand joint reflex alignment technique can trigger the electrical, photobiologic, magnetic and chemical aspects of the body's self-healing / regeneration processes. Provided that the body is in a state of normal hydration, electrically conductive and nutritionally sufficient.

I AGREE TO THE FOLLOWING STATEMENT

It has been thoroughly explained to my complete satisfaction, and I do clearly understand that reflexology may incite spontaneous remission by signaling the brain with a negative direct current of injury through the sensory perineural sheath which may evoke a discharge of negative direct current of repair and regeneration which travels down through the perineural sheath of the motor nerve to the point of dysfunction in order to rectify the electrical potential (change of polarity from positive to negative) so that self-healing can begin.

I understand that this reflexologist does not practice allopathic mainstream medical business, but takes a holistic approach to wellness. I agree not to construe anything said or diagrams alluded to as diagnosis, treatment, or prescription for disease of any kind. I do further understand that blood clots or spurs could dislodge, bones break, and tissue bruise or feet expand to their normal size. Which might require larger shoes following treatment. I further understand that the treatment aftereffects such as nausea, dizziness, depression, diarrhea, vomiting or muscle soreness could naturally occur due to normal physiological processes and changes within the body. I further understand that disappearance of pain does not mean I have recovered, so I will refrain from any excessive activity that could cause further injury to myself. I have given the name of my physician on this form, so he/she can be contacted should I require emergency surgery in case the reflex stimulation triggers self-healing bodily processes, which may happen to dislodge kidney or gallstones too large to pass through the ureter tubes or the bile duct. I further acknowledge the faint possibility that physical death could occur during or following treatment and hereby give notice to all family members that I hold the practitioner blameless.

I have been told that during 3 to 7 days following treatment I may need to apply self-help through bed rest, consumption of ample "halite" (sea salt) flavored water (unless I have kidney weakness), proper nutrition, and food combining, moderate stretching exercises or walking (no jogging). Which should include deep breathing, moderate exposure to sunlight, and/or colon cleansing in order that my body can more easily complete the natural cleansing and rebuilding process.

MY SIGNATURE DECLARES THAT I AGREE TO INFORM MY REFLEXOLOGIST SHOULD I EXPERIENCE DISCOMFORT DURING OR DEVELOP COMPLICATIONS FOLLOWING A FULL-SPECTRUM REFLEXOLOGY TREATMENT, AND THAT I DO SUBMIT MYSELF TO THIS AND SUBSEQUENT TREATMENTS OF MY OWN FREE WILL.

SIGNATURE OF CLIENT

DATE