



# Red Deer Wellness Clinic

G12, 5550-45 Street  
Red Deer, AB, T4N 1L1  
Phone: 403-346-1331  
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## FLOWPRESSO® INTAKE FORM

### Personal Information

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
dd mm yy

Home Address: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Cell: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

May we leave messages, text and/or email you relating to your visits? Y N

Emergency contact (name): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

### Main Health Concerns

What are your health concerns? (List in order of importance to you):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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## Health History

Please circle any of the following conditions below that apply to you:

Acute Infection

Anxiety/Depression

Asthma/Breathing or Respiratory Issues

Blood Clots

Cancer

Circulation/ Vascular Issues

Congestive Heart Failure

DVT – Deep Vein Thrombosis

Heart Problems

High Blood Pressure

Insomnia

Low Blood Pressure

Pacemaker

Pregnant

Skin Infections

Other: \_\_\_\_\_

Surgeries in the past 12 months: \_\_\_\_\_

\_\_\_\_\_

Current Prescription Medications: \_\_\_\_\_

\_\_\_\_\_

Are there any other health concerns that you feel that your therapist should know before your

treatment on the Flowpresso® machine? \_\_\_\_\_

## Flowpresso® Informed Consent & Liability Release

I understand that the results are not guaranteed and this treatment does not replace any treatment currently prescribed by your doctor nor prescribed medication you are taking.

I understand it is best practice to drink lots of water, at least 8-10 glasses per day, before my therapy and ideally one glass every hour for 6 hours following my therapy. I understand that eating properly; reducing sugar and processed food to a minimum, both before and after my therapy, as well as drinking appropriate amounts of water will aid my body in removing waste effectively and help to lessen the side effects of Flowpresso®.

The Red Deer Wellness Clinic will not be liable for any side effects, adverse reactions or lack of perceived benefits suffered by you or other consequences as the result of the treatment and you excuse the Red Deer Wellness Clinic and all its employees/therapists from all liability.

I understand Flowpresso® is contraindicated for pregnancy or possibility of pregnancy, blood clots, DVT, congestive heart failure, pacemaker and any other medical-electrical implants, cosmetic implants and/or injections, including BOTOX within the last 24 hours.

I have fully read this Informed Consent and Liability Release form in its entirety and hereby execute it freely and will have full acceptance and knowledge of the contents in it. I also understand that this is a legal document.

I intend this consent form to cover the entire course of treatment for my health conditions. I understand that I am free to voice my concerns or withdraw my consent and to discontinue participation in this treatment at any time.

Date: \_\_\_\_\_ Client's Name: (Print) \_\_\_\_\_

Signature of Client or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Naturopathic Doctor: \_\_\_\_\_

Signature of ND: \_\_\_\_\_