



# Wellness Assessment Electrolysis Foot Bath

Name \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

30 DAYS FROM NOW \_\_\_\_\_

You've made an excellent decision, which will prove to be beneficial to your good health. But to realize this, I want you to ***KNOW and FEEL just how good the Foot Bath is for you and your body.*** To do that, you need to keep a little diary. It's not an in-depth diary, just a few notes about how you are feeling today, and then taking a look at how well you feel 30 days from now after having Foot Bath treatments.

***Just make a notation by areas of concern, how you feel, what is bothering you, etc.***

**I have or suffer from: Symptoms/Concerns**

Viral & bacterial \_\_\_\_\_

Infections \_\_\_\_\_

Colds & Flu \_\_\_\_\_

Arthrosclerosis \_\_\_\_\_

Heart Conditions \_\_\_\_\_

High Stress \_\_\_\_\_

Emphysema \_\_\_\_\_

Bronchitis \_\_\_\_\_

Asthma \_\_\_\_\_

Diabetes \_\_\_\_\_

**The effects of** \_\_\_\_\_

Vigorous exercise \_\_\_\_\_

Second Hand Smoke \_\_\_\_\_

Chronic Degenerative \_\_\_\_\_

Diseases \_\_\_\_\_

Skin Problems \_\_\_\_\_

Circulatory Problems \_\_\_\_\_

Poor Concentration \_\_\_\_\_

Exposure to Bacteria \_\_\_\_\_

And Viruses \_\_\_\_\_

Plaque build up on teeth \_\_\_\_\_

Oral bacterial Infections \_\_\_\_\_

Poisonous bites & stings \_\_\_\_\_

Open Sores \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**In Particular**

Shortness of breath \_\_\_\_\_

Memory \_\_\_\_\_

Stamina \_\_\_\_\_

Sexual desire \_\_\_\_\_

Energy Level \_\_\_\_\_

Constantly sick/ill \_\_\_\_\_

Blood Pressure \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

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Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Got questions? Debbie Allen, CNHP Call: 800-769-7923

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