DETOX FOOT BATH INTAKE FORM

Date: _____
Name: _____ Birthdate: _____
Mailing Address (inc zip): _____
Phone: _____ Email: _____
Cell Phone#_____ _____ Check here to receive Exclusive Offers
STD MSG/DATA RATES MAY APPLY

General Information:
Have you ever had an Ionic Detox Foot Bath session before? Yes No
If yes, when was your last session? _____ Where? _____
What are your reasons for having a session today? _____
Current Medications you are taking? _____
Any Allergies? _____
Any Supplements? _____
What is your diet like? _____
Do you consume: coffee / tea / soda / dairy / meat / grains / sugar / fried food / fast food / alcohol / tobacco / drugs
Are you currently being treated by a Physician? _____

Contraindications:
Ionic Foot Baths are not suitable for everyone. If you have any of the following conditions, we recommend that you do not use the ion spa. If you have any other concerns regarding the use of the spa for health reasons, we recommend that you consult your doctor.

Do you wear a pulse adjuster, pace maker, metal or other electromagnetism device? Y / N
Have you undergone heart transplantation? Y / N
Do you have hypertension? Y / N
Do you have open wounds on your feet? Y / N (If so, you may soak your hands instead)
Are you a blood cancer patient? Y / N
Are you suffering from fever? Y / N
Have you been diagnosed with a serious illness? Y / N If yes, what? _____
Women only: Are you pregnant? Y / N
Is there any thing else that you should let me know about?
_____

I, the undersigned, consent to the Ion Detox Therapy Foot Bath Treatment. I understand that these procedures are for the purpose of detoxification and are not intended to take the place of medical care or medications. I clearly confirm that I do not have any contraindications to the Ion Detox Therapy Foot Bath (as noted above). I understand that I take full responsibility for my own health and well-being. I will place everything I have brought with me in the basket provided, including watches, credit cards, all jewelry, hairpins, hearing aids, cell phones, kindles, I-pads, and any other electronic devices I may have with me. Failure to do so will be at my personal expense.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____