

Ion Foot Bath In-take

NAME _____ DATE _____

ADDRESS _____ CITY/STATE _____ ZIP _____

PHONE (CELL) _____ (HOME) _____

OCCUPATION _____ DATE OF BIRTH _____

HEIGHT _____ WEIGHT _____ EMAIL: _____

EVER HAD A FOOT DETOX BEFORE? _____ IF SO, WHEN? _____

HOW DID YOU LEARN ABOUT OUR SERVICES? _____

Please consider the following questions seriously. A YES answer would indicate that an Ion Detox Foot Bath may not be appropriate for you

YES NO

	YES	NO
1 Do you have open wounds on your feet?		
2 Do you have type 1 diabetes?		
3 Do you currently receive radiation therapy or chemotherapy?		
4 Do you have a pacemaker or any battery operated or electrical implant?		
5 Are you an organ transplant recipient?		
6 Did you have an organ removed, especially the colon?		
7 Are you pregnant or a breast feeding mother?		
8 Are you on heartbeat regulating medication?		
9 Are you taking medication, the absence of which would mentally or physically incapacitate you?		
10 Do you have any metal implants? e.g. a knee or hip replacement?		

You should consult with their physician if you have answered YES to any of these questions to see if this treatment would be appropriate for you.

- Do not wear metal such as watches, use a computer or cell phone during a session.
- If taking prescription medication, take them after or at least six hours prior to an Ion Cleanse session.
- Users should be properly hydrated prior to and after each foot bath session

SIGNATURE: _____