

Ion Detox Therapy Foot Bath Intake Form

Patient _____ Date _____
 Address _____ City _____ Prov _____
 Postal Code _____ Phone (H) _____ (W) _____ (M) _____
 Where can we leave messages? (H, W, M) _____ Birth Date _____ Age _____
 Email _____
 How did you hear about the clinic? _____

Emergency contact:

Name: _____ Relationship: _____ Phone: _____

Indicate your main health concerns in order of importance to you:

1.- _____ Since when: _____
 2.- _____ Since when: _____
 3.- _____ Since when: _____
 4.- _____ Since when: _____

List any medication that you are taking:

1.- _____ Why? _____
 2.- _____ Why? _____
 3.- _____ Why? _____
 4.- _____ Why? _____

Water consumption:

How much per day? _____ Type? _____

Release Form:

1.- Are you pregnant?	YES / NO
2.- Do you wear a pacemaker or any other battery operated or electrical implant?	YES / NO
3.- Are you an organ transplant recipient or donor?	YES / NO
4.- Are you on medication that blood levels need to be maintained?	YES / NO

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 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 can discontinue my treatments anytime. I understand that I take full responsibility for my own health and well-being. I agree to pay my account in full after every treatment.

Client's Signature _____ Date _____

PRINT Client's Name _____