

Name _____

Ionic Foot Bath

Please Answer All Questions

What are you expecting to receive from IORS?

Is there anything specific you would like to work on during the session? What are your long-range goals?

CONTRAINDICTIONS

Prior to having an Ionic Foot Bath it is important to read the following, since there are certain health contraindications:

- I have a pacemaker or a heartbeat regulating device
- I have had an organ transplant
- I suffer from psychotic episodes or seizures
- I have advanced stages of diabetes
- I have epilepsy
- I am pregnant or lactating
- I have blood pressure problems
- I have open wounds
- I am under a physician's care (consult your doctor)
- I have had recent surgery (make sure you are released from doctor's care)
- I am a child under the age of 5

CONSULT YOUR PHYSICIAN IF YOU HAVE ANY DOUBTS!

Please read below carefully before signing:

Because you must be aware of any existing physical conditions that I may have, I have honestly answered all above questions and am not intentionally withholding information about my health. I will inform IORS of any changes in my physical health. I am agreeing to the office policies and procedures of Inside Out Restorative Spa.

Signature: _____ Date: _____