

Client Information for Footbath Detoxification

Name: _____ D.O.B. _____ Age: _____
Address: _____ Phone: _____
Email: _____
Emergency Contact: _____ Phone: _____
Physician: _____ Phone: _____

If you have any questions or concerns regarding whether a Footbath Detoxification is safe for any medical condition you have, PLEASE CONSULT YOUR HEALTH CARE PROFESSIONAL and provide us with a written authorization form.

Do you have Diabetes? Yes No

If you are Diabetic, your first session will begin at a lower percentage of power and time and will increase with sessions to follow.

Do you have Epilepsy? Yes No

Do you have a Heart Pacemaker? Yes No

Are you an Organ Transplant Recipient? Yes No

Are you awaiting an Organ Transplant? Yes No

Do you have any Electrical System within? Yes No

Do you have Open Wounds to the Feet? Yes No

Are you Pregnant or Nursing? Yes No

Footbath Detoxification is not recommended for you if you answered yes to any of the questions above.

Allergies: _____

Current Allergy Medications: _____

List Below/Surgeries with Date

List Below/Medical Conditions/Medications

I understand that if I feel discomfort during the Detoxification session I will remove my feet immediately, verbalize my discomfort and the session will be stopped.

I understand that this method of Detoxification and the information provided is not intended to treat or diagnose any medical conditions. I further understand I should seek the advice of a Health Care Professional regarding any mental or physical ailments that I am aware of.

I understand that I may be asked to provide a written authorization from a Licensed Healthcare Professional for certain medical conditions that I list above.

I affirm that I have stated all my known medical conditions and answered all questions honestly. I will provide updated medical changes at each Detoxification Session and agree the liability relies solely upon myself if I should neglect to do so.

Client Signature _____

Date: _____

Technician Signature _____

Date: _____