



Ionic Foot Bath

All Questions Must Be Answered

Please Print Name _____ Date _____

WHAT ARE YOU EXPECTING TO RECEIVE FROM THIS APPOINTMENT?

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

Today: _____

Long-Range: _____

CONTRAINDICATIONS

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

I understand that I cannot undergo an Ionic Foot Bath if:

- I have a pacemakers 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 carefully before signing

"The purpose of Gentle Wellness Center and all our staff is to provide services and offer information to clients. Our services and information are for the purpose of vocational and advocational self-improvement. All procedures are directed towards the establishment of this goal."

I have been made aware of all contraindications and I am not intentionally withholding information about my health. I am agreeing to office policies and procedures of Gentle Wellness Center.

Signature: _____ **Date:** _____