



## chart form: d-tox foot bath intake form

**Contact Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Mailing address (inc zip) \_\_\_\_\_

PH #'s: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Current Clients: is this a new address? Yes / No Are these new ph#'s? Yes / No

**EMAIL:** \_\_\_\_\_ May I send you an e-newsletter? YES / NO**General Information:**

Have you ever had an ionic detox foot bath session before? YES / NO

If yes, when was your last session? \_\_\_\_\_ Where? \_\_\_\_\_

What are your reasons for wanting a session today? \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Supplements: \_\_\_\_\_

What are you eating? (Be honest....) what have you had in the last 48 hours?

For breakfast: \_\_\_\_\_ lunch: \_\_\_\_\_ dinner: \_\_\_\_\_

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Is this typical? If not, what is? \_\_\_\_\_

Do you: coffee / tea / soda / dairy / meat / grains / sugar / fried food / fast food / alcohol / tobacco / drugs

Current weight: \_\_\_\_\_ Water consumed in last 24 hours: \_\_\_\_\_ oz typical? : \_\_\_\_\_

Are you under any kind of Dr.'s care? Yes / No If yes, please list physician's and treatments: \_\_\_\_\_

**Contraindications:**

Ionic Foot Baths are not suitable for everyone, If you have the following conditions, we recommend that you do not use the ion spa. If you have any other concerns regarding the use of the spa for health reasons, we recommend that you consult your doctor.

Do you wear a pulse adjuster, pace maker, metal or other electromagnetism devices? \_\_\_\_\_

Have you undergone heart transplantation? \_\_\_\_\_ Do you have hypertension? \_\_\_\_\_

Do you have open wounds on your feet.? \_\_\_\_\_ (If so, you may soak your hands instead)

Are you a blood cancer patient? \_\_\_\_\_ Are you suffering from fever? \_\_\_\_\_

Have you been diagnosed with serious illness? \_\_\_\_\_ If so, what? \_\_\_\_\_

Women only: Are you pregnant? Yes / No

Anything else you'd like me to know? \_\_\_\_\_

\_\_\_\_\_  
Signature of Client\_\_\_\_\_  
Date of Signature\_\_\_\_\_  
Signature of Foot Attendant\_\_\_\_\_  
Date of Signature