



Ionic Foot Detox Health History and release form

Name _____

Mailing Address _____

Phone _____

How did you hear about us? _____

Are you pregnant or nursing? Yes No

Do you have any battery or electrical powered devices in your body? Yes No

Are you an organ transplant recipient or have you donated an organ? Yes No

Do you take medications for mental disorders? Yes No

Do you take seizure medications? Yes No

Do you have heart disease or heart related health issues? Yes No

Do you take blood thinners? Yes No

Do you have any severe health problems? Yes No

Do you have damaged skin or wounds on your feet? Yes No

Are you under the age of 18? Yes No

If you answered yes to any of the above questions (for your safety) you will not be able to receive the foot detox treatment today, please speak with your therapist to determine future eligibility.

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 the place of medical care or medications. I clearly confirm that I have filled out this form honestly, and I do not have any contraindications to the Ion Detox Therapy Foot Bath. I understand that I can discontinue treatments at any time. I understand that I take full responsibility for my own health and well-being. I further agree to hold harmless Affordable Spa Services, LLC and Brandi Bovell should this treatment be performed in a manner not indicated due to negligence on me or my therapists part. I also understand that each therapist at Affordable Spa is an employee and is required to carry their own liability insurance.

Print Name: _____ Date: _____

Signed name: _____