

# Ionic Foot Bath

Please Answer All Questions

## 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?

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## CONTRAINDICATIONS

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

- Do you have a pacemaker or a heartbeat regulating device? \_\_\_\_\_
- Do you have had an organ transplant? \_\_\_\_\_
- Do you suffer from psychotic episodes or seizures? \_\_\_\_\_
- Do you have advanced stages of diabetes? \_\_\_\_\_
- Do you have epilepsy? \_\_\_\_\_
- Are you pregnant or lactating? \_\_\_\_\_
- Do you have blood pressure problems? \_\_\_\_\_
- Do you have open wounds? \_\_\_\_\_
- Are you under a physician's care (consult your doctor)? \_\_\_\_\_
- Have you had recent surgery (make sure you are released from doctor's care)? \_\_\_\_\_

## CONSULT YOUR PHYSICIAN IF YOU HAVE ANY DOUBTS!

Please read below carefully before signing:

*"The purpose of Newlistic Wellness center and all our staff is to provide services, products and offer information to clients. Our services, products and information are for vocational and avocational self-improvement. We do not intend to treat, diagnose, prescribe or cure. All procedures are directed towards the establishment of this goal."*

***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 Newlistic Wellness center of any changes in my physical health. I am agreeing to the office policies and procedures of Newlistic Wellness center.***

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_