



## Ionizing Foot Bath Client Information Form

All information is confidential. It will not be shared with or sold to any other parties.

Name \_\_\_\_\_ Birthday \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_ @ \_\_\_\_\_  
Please indicate the best way to reach you about your appointments \_\_\_\_\_  
Would you like to receive texts or emails with confirmations or appointment reminders? \_\_\_\_\_  
Would you like to receive texts or emails with specials or open appointment times? \_\_\_\_\_  
If yes to either question above, who is your mobile provider? \_\_\_\_\_  
Who should we contact in case of emergency? \_\_\_\_\_ Phone \_\_\_\_\_  
How did you hear about us? (Or who should we thank for referring you?) \_\_\_\_\_

Are you pregnant or breastfeeding?	YES	NO
Do you have a pace maker or other implanted medical devices?	YES	NO
Do you have epilepsy or any blood disorders?	YES	NO
Are you taking blood thinners?	YES	NO

**People with pacemakers or other implanted medical devices, those who are pregnant, breast feeding, are on blood thinners, or who have blood disorders or epilepsy should not receive this service. You should also not have any open sores or lesions on your feet. Please let us know immediately if you need to schedule a different service.**

*I understand that use of the ionizing foot bath is not a substitute for medical care and will seek care from a licensed medical provider when needed. I will also keep my A to Zen informed of any new conditions, injuries or illnesses that occur. By signing this form, I am giving my informed consent to receive ionizing foot bath treatments. Further, I agree to abide by the 24 hour cancellation policy for my appointments and agree to pay for any missed appointments or late cancellations.*

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only: TY \_\_\_\_\_ MBO \_\_\_\_\_ RC \_\_\_\_\_