



Ionic Foot Cleanse Consent Form

Date: _____

Name: _____ Birthdate: _____

General Information:

Have you ever had an Ionic Detox Foot Bath session before? Yes No

Do you consume any of the following:

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

Are you currently being treated by a Physician? _____

Contraindications:

Ionic Foot Baths are not suitable for everyone. **If you have any of 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 device? Y / N

Have you had any organ removed or received an organ transplant? Y / N

If yes, what? _____

Do you have hypertension? Y / N

Are you diabetic? Y / N

Do you have open wounds on your feet? Y / N

Are you currently receiving radiation or chemotherapy treatment for cancer? Y / N

Are you a blood cancer patient? Y / N

Do you have epilepsy? Y / N

Are you suffering from fever? Y / N

Have you been diagnosed with any other serious illness? Y / N

If yes, what? _____

Have you had surgery within the last six weeks? Y / N

Women only: Are you pregnant / breastfeeding? Y / N

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 do not have any contraindications to the Ion Detox Therapy Foot Bath (as noted above). I understand that I take full responsibility for my own health and well-being. I release Parker Med Spa, Tina Long, the attending Technician, and the Manufacturer from any liability regarding my health issues or treatment received.

Client Signature: _____ Date: _____