

Ionic Foot Spa Preliminary Information

Name _____ Phone _____
No. _____
Address _____ City _____ State _____
Zip _____

Referred by: _____

E-mail: _____

Are you currently taking any prescription medications?

Are you allergic to any medications?

Are you currently taking any supplements?

Who put you on this program?

Are you allergic to any supplements?

What are your primary health concern(s)?

What is your #1 health goal?

Questions or Concerns you may have:

Do you have a pacemaker or other implanted electrical medical device? _____ Are you pregnant or breastfeeding? _____ Do you have any transplanted organs? _____ **IF YES, STOP HERE.**

Have you ever had a Foot Spa treatment? _____

May we have permission to use photos of your foot bath for educational and/or promotional purposes? _____

*****Please remove all jewelry before starting your treatment.*****

Please read the following information and disclaimer, and sign below:

I understand that at the end of a treatment, the footbath water will be discolored. Some of this discoloration is due to the minerals in the water or sea salt being used in the water, and some of it may be the body releasing toxins from your skin into the water. The color changes in the water will vary between clients and between sessions. It may change a lot or it may change very little. This is normal. The machine is working fine and the body will be absorbing energy. When slight color changes occur, the body may choose to detoxify through the urinary system and through the colon rather than through the lymph system via the skin during a footbath session.

I further understand that Estell Myers is not a medical doctor and does not directly dispense medical advice or prescribe the use of herbs or supplements as a form of treatment for illness. The information provided from the foot spa treatment, and at Estell's classes, is for educational purposes only to empower people with knowledge to take care of their own health. I understand that Estell disclaims any liability if the reader uses or prescribes any remedies, natural or otherwise, for him/herself or another. Historically all of these herbs & vitamin supplements may nutritionally support the bodies biological systems. I understand that I am to consult a licensed health professional should a need be indicated.

Signed _____ Today's
date _____

Today's fee: _____

Paid: _____ (Cash/Check/Money Order)

Supplements used for today's treatment: Mineral Chi Thai-Go Vita Wave

Other supplements _____

Foot treatments _____

Today's results:

Recommendations: _____
