



Patient Information – Ionic Foot Detox Bath

Name: _____ Date of Birth: ____/____/_____
Occupation: _____ Phone: _____
Email: _____
How did you find us? _____

Please do not do this treatment:

- If you have a pacemaker or any other electronic implants
- Have open wounds on your feet
- Taking blood thinners
- Children under 8 years old
- If you have had an organ implant
- Pregnant or nursing
- Epilepsy
- Currently undergoing radiation or chemotherapy
- Hemophiliac

Only under doctor’s supervision:

Have you been under the care of a physician, dermatologist, or other medical professional within the past year? Yes/No If yes, please explain: _____

Do you take any medication? Yes/No If yes, which ones? _____

Do you have any allergies towards scented/unscented oils, lotions or creams? Yes/No If yes, please specify _____

Have you had or have cancer? Yes/No If so, what type? _____

Blood pressure: Low/Normal/High

If female, are you pregnant? Yes/No If yes, how many weeks? _____

Any menopause challenges? Yes/No If yes, please list symptoms: _____

Do you use any of the following and how often do you use them?

Cigarettes _____	Alcohol _____	Caffeine _____
Vitamins _____	Herbal Supplements _____	Aspirin _____

In case of an emergency, whom should we call? Phone: _____

Relationship: _____ Name: _____

I understand and I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindication and/or irritation to the skin from treatments received. I am aware that it is my responsibility to inform my therapist of my current medical or health conditions and to update this history. The treatments I receive here are voluntary and I release Alora Health Spa and/or the therapist from liability and assume responsibility thereof.

Signature _____ Date: _____

OFFICE USE ONLY

Notes: _____

Water Color
Black – Liver, Alcohol, Asthma
Grey – Heavy Metals
Brown – Liver, Tobacco, Fat, Waste
Green – Kidneys, Bladder, Urinary System,
Feminine Problems
Light Green – Immune Systems
Orange – Arthritis, Rheumatism
White with Bubbles – Lymphatic System, Skin
Allergies
White with Particles – Flatulence, Candida