Complete the following for Ionic Foot Spa

Have you ever experienced an Ionic Foot Spa session? Yes ☐ No ☐   If yes, how long ago?:_____

Note: Use of an Ionic Footbath under any of these circumstances is prohibited: (check all that apply)

☐ If you have a pacemaker, or any other battery operated or electrical implant.
☐ If you are on heartbeat regulating medication.
☐ If you have had an organ transplant.
☐ If you are taking a medication, the absence of which could mentally or physically incapacitate
   you, i.e.. Psychotic episodes, seizures, etc.
☐ If you have low blood sugar you need to have eaten recently before putting your feet in the water for a
   treatment. The Ionic Footbath may lower blood sugar in diabetics and with those who are hypoglycemic.
☐ Epilepsy
☐ During pregnancy or lactation
☐ Open wounds on feet
☐ If you have been ill recently, you may need to use the therapy at a slower pace, please let your therapist know.

     I have discussed the above checked contraindications, if any, with the therapist for use of the Ionic Foot Spa. I acknowledge responsibility for my own self-treatment. If during a session I feel weak, tired, or nauseous I am responsible for immediately stopping my session and notifying the therapist.

     By my signature below, I certify and affirm that I have listed all my known medical conditions and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile, and understand that there shall be no liability on the therapist's part should I fail to do so.

     Atlanta Colonic and Massage does not claim to treat or cure any condition, illness or disease.

Cancellations and Rescheduling:

     We at Atlanta Colonic & Massage understand that sometimes a client may need to cancel or reschedule an appointment. We do require a minimum of a 24-hour notice for cancellations or rescheduling of appointments, to ensure therapist and facilities availability, for other clients. **No call/No shows will be charged l00% of total services scheduled for that day.**

     I have read and understand Atlanta Colonic & Massage's cancellation/rescheduling policy.

Client Printed Name: _____
                       Last   *First*   *MI*

Client Signature: _____
        (for clients under age of 18, signature of parent/legal guardian required)   *Date*