

# A TOUCH FROM HEAVEN

## Questions for Care

*Check all that apply*

**Some of these are contraindication and you will need to consult your physician**

<input type="checkbox"/> Kidney Conditions use "C" level	<input type="checkbox"/> Pacemaker - contraindication	<input type="checkbox"/> Liver Conditions
<input type="checkbox"/> Diabetes use "C" level	<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Fever-contraindication
<input type="checkbox"/> Irritable Skin Condition	<input type="checkbox"/> Malignancy Cancer	<input type="checkbox"/> Open Wound or Sore We can use your hands
<input type="checkbox"/> Phlebitis or Other Circulatory Disorder - contraindication	<input type="checkbox"/> Recent Burn - Contraindication	<input type="checkbox"/> Undiagnosed Lump
<input type="checkbox"/> Inflammatory Arthritis	<input type="checkbox"/> Pregnancy- contraindication	<input type="checkbox"/> Stroke
<input type="checkbox"/> None of the Above	<input type="checkbox"/> Epilepsy-contraindication	<input type="checkbox"/> Implanted Organs-contraindication

Have you been diagnosed with serious illness

Please use this space for making notes to the above or anything you feel is important that therapist should know before your session.

Please list **all** medications / supplements:

I understand that the Therapist is not qualified to diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of a session should be construed as such. Because the Ionic Foot Bath should not be performed under certain medical conditions, I affirm that I have stated all of my known medical conditions and have answered all of the questions honestly. I agree to keep the therapist informed of any changes to the above profile and understand that there is no liability on the therapist's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session with full payment due for the time scheduled.

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

Practitioner Signature \_\_\_\_\_ Date: \_\_\_\_\_