

FEEL THE HEAL:
Ion Foot Cleanse Intake
Client Case History
Suzy Herzfeld, LMT

Please take the time to fill out this questionnaire. This is to benefit the safety and effectiveness of the Foot Ion Cleanse session. This information will remain confidential!

Name: _____ Date _____ D.O.B. _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (day): _____ (cell) _____ email: _____

Occupation: _____

Referred by: ___ Friend ___ yellow pages ___ massage classified ___ massage listings ___ internet
___ other (please list) _____

Medical History:

___ Surgery _____

___ Medications _____

___ Other _____

WAIVER OF LIABILITY

- I understand that the therapist does not diagnose illness, disease, or any other physical or mental disorder. As such, the therapist does not prescribe medical treatment or pharmaceuticals, nor does the therapist perform spinal manipulations.

- I have stated all my known medical limitations and will keep my therapist updated on my physical well being.

This device is not recommended for persons with a pacemaker or any other battery-operated electrical device, organ transplant recipients, sufferers of epileptic seizures, pregnant women, breastfeeding mothers, or children under 8 years of age. Hypoglycemic persons should take food before using. Do not soak "open wounds."

The following should be considered:

- Taking medication that affects blood levels after your **IonCleanse** session (does not interfere with insulin or other medications other than the above mentioned.)
- Eating before a session if you have low blood sugar.
- **IonCleanse** is not recommended for pregnant or breast-feeding women.

Signature _____

Date _____