

Footbath Intake/Release Form

Date _____

Name _____

Birthdate _____

Address _____

City _____ State _____ ZIP _____

Phone Number (____) _____ (____) _____ (____) _____
Home Cell Work

E-Mail _____

How did you hear about us: Friend/Family(who) _____

Internet: _____ Yellow Pages: _____ Other: _____

Are you pregnant? Yes No

Do you have a pacemaker? Yes No

Are you wearing hearing aids? Yes No

Do you have a medical pump or mechanical implant? Yes No

Emergency Contact Name: _____ Phone: _____ Relationship: _____

Warning: You may not use the Footbath if you are pregnant, wear a hearing aid, a pacemaker or any other mechanical implant including a medical pump.

I have read and understand the above statements. I understand that I should not use the Footbath if I fall under any of the warnings listed above.

Signature: _____ Date: _____

