

LYMPHATIC FOOT BATH CONFIDENTIAL QUESTIONNAIRE

Name: _____ Date: _____

Address: _____

City: _____ State _____ Zip _____ Phone # _____

Email _____

How did you hear about our office? _____

Have you ever had a Lymphatic Foot Bath? Yes _____ No _____

Are you currently being treated by a Chiropractor, doctor or other practitioner?

No _____ Yes _____ If yes, please explain:

Are you pregnant? Yes _____ No _____ Are you nursing? Yes _____ No _____

Do you have high blood pressure? Yes _____ No _____ if yes, is it controlled with medication? Yes _____ No _____ Other _____

Are there any injured areas or conditions, such as, blood clots or cancer that may be aggravated by the Foot Bath? No _____ Yes _____ if yes, please explain:

Do you have any allergies to aromatherapy oils or fragrances? No _____ Yes _____

Please check if you have any of these

Epilepsy _____ Pacemaker _____ Athlete's foot _____ Open wounds or cuts on feet _____
any type of foot fungus _____

Why did you come to see us today? _____

I certify that the above information is correct to the best of my knowledge. I will not hold Body Basics or the therapist responsible for any errors or omissions that I have made in the completion of this form.

Signed _____ Date _____

INFORMED CONSENT AGREEMENT

I hereby accept full and complete responsibility for my health and all conditions thereof related. I understand and acknowledge that Body Basics Inc, nor any therapist or representative thereof, or the Aqua Chi Lymphatic Foot Bath make any claims, medical or otherwise, regarding the use of these or any other products or services to cure or treat any disease or injury.

I understand the Foot Bath service is designed to be a health aid and is no way to take place of a doctor's care when it is indicated. Information exchanged during any Foot Bath session is educational in nature and should be used at your own discretion. All Client information is held in strict confidence.

The undersigned hereby forever release, discharge, acquit, and hold harmless from any and all claims, actions, suits, demands, liabilities, judgments and proceedings particularly related to or arriving from the personal demonstration of any of the above mentioned by Body Basics Inc. or any representative thereof, or the Aqua Chi Lymphatic Foot Bath.

CAUTION Aqua Chi is **NOT** recommended for pregnant or nursing mothers, persons with epilepsy, pacemakers, implanted organs, athlete's foot, open wounds on feet, or any type of foot fungus. By signing below I affirm that I am free of and do not fit into any of these categories.

CANCELLATION POLICY

I understand that unless I call or cancel my appointment within the 24 hour notice or 48 hours notice for weekend appointments. I will be charged in full for the missed appointment.

I have read, understand and agree to all of the above.

Signed: _____ Date: _____