

**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: \_\_\_\_\_

