IONIC WELLNESS LOUNGE HEALTH HISTORY FORM

1. Personal Information

- **Full Name:** _____
- **Date of Birth:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Emergency Contact Name & Number:** _____

2. Health Information

(Please check all that apply)

- ☐ Pregnant or nursing
- ☐ Pacemaker or electrical implant
- ☐ Organ transplant recipient
- ☐ Currently taking medications (list below)
- ☐ Diagnosed with a chronic illness (e.g., diabetes, heart disease)
- ☐ History of seizures or epilepsy
- ☐ Skin sensitivity, rash, or open wounds on feet
- ☐ Recent surgery (last 6 months)
- ☐ Metal implants or joint replacements
- ☐ Other health concerns (please explain below)

Allergies to:

- ☐ Sodium bicarbonate
- ☐ Potassium
- ☐ Sodium
- ☐ Magnesium
- ☐ Other (please explain below)

If you checked any boxes, please provide details:_____

3. Lifestyle & Detox Goals

- **What are your goals for this session?**
  e.g., relaxation, energy boost, detox support
  _____
- **How many hours of sleep do you typically get per night?**
  [ ] Less than 5
  [ ] 5–7
  [ ] 7–9
  [ ] 9+
- **How much water do you drink daily?**
  [ ] Less than ½ Gallon

(Initial)_____

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[ ] 1-2 Gallons
[ ] 2+ Gallons

4. Session Information

- **Have you had an ionic footbath before?**
  [ ] Yes
  [ ] No

- **Are you currently under care from a healthcare provider?**
  [ ] Yes
  [ ] No
  If yes, for what condition?

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5. Consent Acknowledgments

(Please check to confirm understanding)

☐ I understand this service is not medical and does not replace medical care.

☐ I have read and signed the Waiver and Release of Liability.

☐ I give permission for emergency medical assistance if needed.

☐ I understand I may be refused service based on disclosed conditions

6. Signature

Client Name: _____

Client Signature: _____

Date: _____

(Initial)_____