

**A TOUCH FROM HEAVEN
CLIENT INFORMATION
IONIC FOOT BATH**

Name:		Date:	
Address:			
City:	State:	Zip:	Birth Date:
Home#:	Cell:	Work:	
E-mail:			
Referred by:			
Emergency Contact:			
Phone#:		Relation:	
Have you had an organ transplant or pacemaker? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain.			
Are you pregnant at this time or is there any possibility of your being pregnant at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any current physical discomforts? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever suffered any injuries or trauma, been hospitalized or had surgery? Briefly describe.			
Are you under a medical practitioners care? If yes briefly describe condition.			
Do you exercise regularly <input type="checkbox"/> Yes <input type="checkbox"/> No How much water do you drink daily?			
Disclaimer: BBS ionic foot bath systems are NOT recommended for pregnant or expecting mothers, persons with pacemakers, implanted organs, open wounds on feet or those suffering from Epilepsy. We DO recommend to always consult with your health professional when concerned with a health related issue. The BBS system has not been evaluated by the Food & Drug administration and makes no claims to cure any illness or disease.			
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