

In HIS Image Day Spa, LLC

Ionic Cleanse Form

Please clearly fill in information below. All information will be kept confidential.

Today's Date _____
Name _____ Date of Birth _____
Address _____ City _____ State _____ Zip _____
Home # _____ Work# _____ Cell# _____
E-mail address _____

How did you hear about us? (Circle all that apply) *Creative Loafing *Sunday Paper
*Radio *Internet *Flyer
*Savvy Shopper *TV *Walk-In *Concierge *Other *Referral (Indicate Name):

Have you ever had a foot detox before? Yes _____ No _____

Date of last foot detox _____

Are you pregnant or nursing?	Y	N
Do you have any battery operated implants?	Y	N
Do you have low blood pressure?	Y	N
Do you have high blood pressure?	Y	N
Have you ever had an organ transplant?	Y	N
Do you have epilepsy?	Y	N
Are you diabetic?	Y	N

This request for information does not imply, in any way, the practice of medicine for diagnosis for a client's condition by any massage therapist or staff member of Renewed Image. Renewed Image reserves the right to restrict service to or decline acceptance of the client.

This is to certify that I am requesting services on my own initiative and I realize that Renewed Image does not diagnose ailments or prescribe treatments. This being the case, I release Renewed Image and its staff from any liability for claims resulting from the use of its services.

Signature: _____ Date: _____

Parental Consent and Release (If under 16 years of age):
