

Barefoot Basics - Jeanie Robbins, Foot Zone Therapist

CLIENT HEALTH & FOOT ZONE DISCLOSURE FORM

Name _____

Cell Phone _____ Email _____

Birthday _____ Referred by _____

Emergency Contact Information:

Name _____ Phone _____ Relationship _____

Have you ever received a Foot Zone? Y / N

Are you comfortable with me using?

- | | | |
|---|---|---|
| <input type="radio"/> Essential oils on your skin | <input type="radio"/> Diffused essential oils | <input type="radio"/> Salves/massage oil on your skin |
| <input type="radio"/> Blanket | <input type="radio"/> Pillows | <input type="radio"/> Talking |
| <input type="radio"/> Meditation/Guided Imagery
Soundtrack | <input type="radio"/> Music | <input type="radio"/> Energy release/balance |

Please check all that apply :

- | | | |
|---|---|---|
| <input type="radio"/> Arthritis or Joint Pain | <input type="radio"/> High Blood Pressure | <input type="radio"/> Depression |
| <input type="radio"/> Back Pain | <input type="radio"/> Low Blood Pressure | <input type="radio"/> Anxiety |
| <input type="radio"/> Spinal Disc Issues/Fusion | <input type="radio"/> Circulatory Issues | <input type="radio"/> Cancer |
| <input type="radio"/> Neck Pain | <input type="radio"/> Anemia | <input type="radio"/> Skin Conditions |
| <input type="radio"/> Shoulder/Arm/Hand Pain | <input type="radio"/> Chest Pain | <input type="radio"/> Contagious Illnesses or
Diseases |
| <input type="radio"/> Hip/Leg/Knee/Foot Pain | <input type="radio"/> Stroke or Family History of Strokes | <input type="radio"/> Menstrual Problems |
| <input type="radio"/> Headaches/Migraines | <input type="radio"/> Heart Problems | <input type="radio"/> Pregnant _____ Weeks Along |
| <input type="radio"/> TMJ/Jaw Pain | <input type="radio"/> Family History of Heart Problems | <input type="radio"/> C-Sections? _____ |
| <input type="radio"/> Swollen Joints | <input type="radio"/> Vein/Artery Problems/Varicose Veins | <input type="radio"/> Sleep Problems |
| <input type="radio"/> Edema/Swelling | <input type="radio"/> Seizures/Convulsions | <input type="radio"/> Respiratory Problems |
| <input type="radio"/> Autoimmune/Fibromyalgia | <input type="radio"/> Digestive Issues | <input type="radio"/> Allergies |
| <input type="radio"/> Implants (<i>IUD, Pacemaker, Breast,
Dental Implants, Metal, etc</i>) | <input type="radio"/> Diabetes (<i>Type 1 or 2</i>) | <input type="radio"/> Injuries (<i>explain below</i>) |
| <input type="radio"/> Sinus Issues | <input type="radio"/> Athlete's Foot | <input type="radio"/> Surgeries (<i>explain below</i>) |
| | <input type="radio"/> Warts | |

Do you have any topical Allergies? _____

I affirm I have disclosed all known medical conditions and answered all questions honestly. I agree to keep my practitioner updated on any changes to my medical profile and understand there shall not be liability on my practitioner's part if I forget to do so.

Name _____ Date _____

Consent required for treating minors:

Printed Name of Guardian _____

Signature of Guardian _____ Date _____

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Foot Zone Policies, Procedures, and Consent

I, _____, *the undersigned, give my consent to receive a foot zone from, Jeanie Robbins, a Certified Foot Zone Practitioner and member of the Utah Foot Zone Association, and understand that all information provided is confidential. Initials:*

_____ *I understand I need to come with clean/washed feet. (Wipes will be available for use if needed.)*

_____ *I understand a foot zone can start a cleansing process within my body and that I need to increase my water intake over the next 24-48 hours) to assist my body in this cleanse and to avoid feeling ill.*

_____ *I understand that the Scope of Practice for Foot Zone Practitioners is working the foot (which by definition includes the ankle)*

_____ *I understand a foot zone should not be considered as a substitute for medical examinations, diagnosis, or treatment and that I should see a qualified healthcare provider for any medical or mental issue for which I am aware.*

_____ *Using a scale of 1-10, I understand that for best results the point of pressure my practitioner needs to use will be between a 5-7. It is my responsibility to inform my practitioner about the pressure and/or comfort level of my session (to include temperature) or if there is any pain or discomfort so that she can adjust pressure.*

_____ *I understand a foot zone practitioner is not qualified to diagnose, prescribe, prognosticate, or treat for any mental, emotional, or physical conditions, symptoms, or illnesses and nothing said during any session should be considered as such, as that would be illegal.*

_____ *I understand it is my responsibility to share any pertinent medical information that affects my mental, emotional, and physical health as it relates to foot zoning. I maintain the responsibility to consult with my medical doctor concerning any medications, treatments, or procedures that concern my health now and in the future. I understand I am fully responsible for my health and for making information available to my foot zone practitioner and my doctor.*

_____ *Because foot zoning can be contraindicated under certain medical conditions, I affirm I have disclosed all known medical conditions and answered all questions honestly, both verbally and written. I agree to keep my practitioner updated on any changes to my medical profile and understand there shall not be liability on my practitioner's part if I forget to do so.*

_____ *At any time, a practitioner has the right to refuse service for any reason.*

_____ *I respect the time allotted for each session I schedule and do not exceed that time frame. I understand that if I do not call to cancel within 24 hours or do not show up to a scheduled appointment, I will be charged a \$30 fee unless other arrangements are made. Appointments that are missed and rescheduled more than twice will incur \$30 fee.*

Covid 19 no cancellation fee will be charged for a canceled or rescheduled appointment due to Covid concerns.

_____ *I understand that I may or may not be given a homework assignment. It is up to me to follow through with the assignment if I choose to. The assignment is merely a suggestion and not mandatory.*

_____ *I understand my responsibilities and commitments with Barefoot Basics and Jeanie Robbins and agree to abide by the terms and conditions outlined in these policies, procedures, and consent.*

Print Name _____ Signature _____

Printed Name of Guardian _____ Signature of Guardian _____

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Services:

Service	Time	Cost
Foot Zone Session	60 minutes	\$60.00
EFT Session	60 Minutes	\$45.00
Gem and Chakras	15 Minutes	\$15.00
Ionic Foot Bath	45 Minutes	\$30.00
Chi Machine	15 Minutes	\$10.00
Foot Salt Bath	15 Minutes	\$10.00
Rezzimax Pro	15 Minutes	Free
Gem Tools	During Session	Free
Aroma Therapy	During Session	Free
Essential oil Application, Salve, or Topical Cream	During Session	Free