

# Barefoot Basics - Jeanie Robbins, Foot Zone Practitioner

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?

- Essential oils
- Salves
- Energy release/balance holds
- Blanket
- Music
- Pillow
- Meditation Soundtrack

Please circle all that apply:

- Arthritis or Joint Pain
- Back Pain
- Neck Pain
- Shoulder/Arm/Hand Pain
- Hip/Leg/Knee/Foot Pain
- Headaches/Migraines
- TMJ/Jaw Pain
- Thyroid Issues
- Edema/Swelling
- Autoimmune/Fibromyalgia
- Implants (IUD, Pacemaker, Breast, Dental Implants, Metal, etc.)
- Sinus Issues
- High Blood Pressure
- Low Blood Pressure
- Circulatory Issues
- Anemia
- Chest Pain
- Stroke or Family History of Strokes
- Heart Problems
- Vein/Artery Problems/Varicose Veins
- Seizures/Convulsions
- Digestive Issues
- Diabetes (Type 1 or 2)
- Athlete's Foot
- Warts
- Depression
- Anxiety
- Cancer
- Menstrual Problems
- Pregnant \_\_\_\_\_ Weeks Along
- C-Sections? \_\_\_\_\_
- Sleep Problems
- Respiratory Problems
- Allergies
- Blood Clots
- Neuropathy
- Injuries (explain)
- Surgeries (explain)

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 \_\_\_\_\_

# Barefoot Basics - Jeanie Robbins, Foot Zone Practitioner

## 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 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 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 cancelled 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.*

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Printed Name of Guardian \_\_\_\_\_ Signature of Guardian \_\_\_\_\_

# Barefoot Basics - Jeanie Robbins, Foot Zone Practitioner

## Services:

Foot Zone Session	Please Allow Approximately 60 minutes	\$60.00
Gemi Tools	During Session	Included
Aroma Therapy	During Session	Included
Essential oil Application, Salve, or Topical Cream	During Session	Included