

# Foot Zone Informed Consent

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ DOB \_\_\_\_\_

Occupation \_\_\_\_\_  Male  Female Physician \_\_\_\_\_

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, FootZoning may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

Have you ever experienced a FootZone session?  Yes  No How recently? \_\_\_\_\_

What are your FootZone goals? \_\_\_\_\_

What kind of pressure do you prefer?  light  medium  firm

Medical Conditions or Concerns:

Conditions for which medication has been prescribed:

Please list any surgeries or implants including pacemakers, screws, metal plates, or IUDs:

To the Clients using Foot Zone Technique,

You need to know that:

- I am not a doctor.
- I do not practice medicine.
- I do not diagnose or treat for a specific illness.
- I do not prescribe or adjust medication.
- Foot Zone Technique is not a substitute for medical treatment, but is a complement to most types of therapy.

By signing this form, you give your consent for foot zone sessions and other services provided by Sweet Feet Zone, LLC by Amber Anderson. You understand that you may discontinue this session or future sessions at any time. If you have been diagnosed by a licensed health professional as having any disease, injury, or other physical or mental condition, you understand that you should inform the person who made the diagnosis about the sessions you will be receiving, and whether or not you intend to discontinue any treatment or therapy which had been previously ordered, prescribed, or recommended by a licensed health professional. You understand that by discontinuing any such treatment or therapy, you assume responsibility for any negative outcome resulting from discontinuing that treatment or therapy.

A Foot Zone Practitioner may not diagnose disease, injury, or disfigurement. Only licensed health professionals may perform diagnosis. The Foot Zone Technique is not a substitute for medical care. If you are experiencing any specific medical problem and have not seen your medical doctor, I recommend you do so today. If you are unsure of the nature of your condition, you are encouraged to consult an appropriate licensed health professional such as a physician.

I will not hold Sweet Feet Zone, LLC and/or Amber Anderson, Certified Foot Zone Therapist legally liable for any reason.

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_