

Ionithermie Consultation Card

Contra-indications

Name _____

Address _____

Home/cell Phone numbers _____

Age: _____ Weight _____ Height _____

State of Health _____

Body Program _____

Absolute "No"

- Less than 3 months after major surgery
- Heart Conditions
- Pacemaker
- Renal / liver disorder
- Less than 6 weeks postnatal
- Pregnant or planning to be
- Large metal pins and plates
- Breast feeding
- Thrombosis
- I.U.D. Coil (Copper 7 only)
- Cancer

POSSIBLE "No"

- Diabetes (insulin controlled)
- Epilepsy (on medication)
- Skin diseases and allergies
- 2 days prior to menstruation
- M.S.
- Varicose veins

I have read and understand the contra-indications:

_____ Date _____

Signature

Start Date: _____

Measurements:	Before	After	Results
Midriff	_____	_____	_____
Waist	_____	_____	_____
Hips	_____	_____	_____
R. Thigh	_____	_____	_____
L. Thigh	_____	_____	_____
Total Inch Loss	_____		

Date: _____
 Midriff _____
 Waist _____
 Hips _____
 R. Thigh _____
 L. Thigh _____
 Total Inch Loss _____

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