**ION CLEANSE FOOT BATH RELEASE FORM**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Are you pregnant or breastfeeding?** **Yes/No**
2. **Do you have a pacemaker?** **Yes/No**
3. **Do you have any other electrical implants?** **Yes/No**

If so, can you shut the electrical device off? **Yes/No**

1. **Are you on blood thinners?** **Yes/No**
2. **Do you take medications for an irregular heartbeat?** **Yes/No**
3. **Are you on mental health medications?** **Yes/No**

If so, can you skip a dose? **Yes/No**

1. **Are you on blood pressure medication?** **Yes/No**

If so, how many times a day do you take it? \_\_\_\_ Last dose?\_\_\_\_\_\_\_\_

1. **Are you currently being treating with chemotherapy?** **Yes/No**

If so, are you taking the pill form? **Yes/No**

Are you taking the drip form? **Yes/No**

Has it been at least 3 days since last treatment? **Yes/No**

1. **Are you on medication to prevent rejection of a transplanted organ?** **Yes/No**
2. **Are you hypoglycemic?** **Yes/No**

If so, did you eat 30 minutes before session? **Yes/No**

1. **Are you diabetic?** **Yes/No**

If so, did you eat 30 minutes before session? **Yes/No**

1. **Do you have any other major health concerns? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Are you on any medications where you cannot skip a dose? Yes/No**

If so, what conditions are the medications treating? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What time was your last dose taken? \_\_\_\_\_\_\_\_\_\_\_

The IONCLEANSE® is a part of a comprehensive health and wellness system and the information provided to you is solely for use as part of a self-improvement program. None of the information provided is intended to act as a substitute for medical advice, nor does it involve the diagnosis, prognosis, or prescription of remedies for the treatment or prevention of any disease or ailment.

I certify that everything on this form is true and correct to the best of my knowledge. I also understand that the IONCLEANSE® is not a medical device and is not intended to diagnose, treat, cure or prevent any disease or ailment.

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