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IONCLEANSE FOOT BATH RELEASE FORM

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Email** _____

Date of Birth ___/___/___ MALE FEMALE

What are your major health concerns? _____

What medications are you currently on? _____

Employment (If retired, please list previous career) _____

When is the last time you had something to eat (for hypoglycemics only)?

Do you have a heart pacemaker or any other battery operated or electrical implant? Yes No

Are you pregnant or breastfeeding? Yes No

Are you on medications to prevent rejection of a transplanted organ? Yes No

Are you on mental health medications? Yes No

If so, do you have symptoms if you miss one or more doses? Yes No

Are you on blood pressure medication? Yes No

If so, does your blood pressure increase if you miss one or more doses? Yes No

Are you on blood-thinning medication such as Coumadin? Yes No

Do you take medication for irregular heart beat? Yes No

Are you currently taking a course of chemotherapy treatment? Yes No

The ionCleanse® is 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:** ___/___/___