



## IonCleanse® Foot Bath Release Form

Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact (Name/Phone) \_\_\_\_\_

Primary Physician/Providers \_\_\_\_\_

How did you hear about Balanced Bodywork? \_\_\_\_\_

YES	NO	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 blood-thinning medication such as coumadin?
YES	NO	Do you take medication for irregular heart beat?
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	Does your blood pressure increase if you miss one or more doses of medication?
YES	NO	Do you have a seizure disorder?
YES	NO	Have you had any portion of your colon removed?
YES	NO	Are you taking prescription steroids or antibiotics?
YES	NO	Have you been diagnosed with multiple sclerosis (MS)?
YES	NO	Are you currently receiving chemotherapy treatments?

What are your major health concerns and goals? \_\_\_\_\_

Employer/Occupations (past and present): \_\_\_\_\_

Please, list any allergies you may have: \_\_\_\_\_

Do you receive any other treatments such as massage, chiropractic, acupuncture, etc? \_\_\_\_\_

Please, list any medications you are on: \_\_\_\_\_

When is the last time you had something to eat (if you are hypoglycemic)? \_\_\_\_\_

Is there anything else you feel I should know? \_\_\_\_\_

*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 shall indemnify and hold Krista Clements Orlan and Balanced Bodywork harmless against liabilities, expenses, and losses incurred by myself or any person as a result of any action, product, or equipment used by Krista Clements Orlan in performing the ionic detoxification process.*

*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.*

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