



## Ionic 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? \_\_\_\_\_

Have you ever used an ionic foot bath before today? **YES / NO**

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?

**If you answered Yes to any of these questions it is not recommended that you use the ionic foot bath at this time. We suggest that you consult your Primary Health Care Physician to obtain a release form before proceeding with ionic foot bath.**

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? \_\_\_\_\_

*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 Ionic foot bath is not a medical device or treatment and is not intended to diagnose, treat, cure, or prevent any disease or ailment.*

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