

Healthy Body Healthy Soul
Ionic Detox Foot Bath Release Form

Name: _____

What are your major health concerns? _____

Are you on medications? Yes ___ No ___ If yes, what conditions are the medications treating?

Occupation? If retired list previous occupation _____

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

Please answer the following questions. "Yes" answers may indicate circumstances in which an ionic foot bath may be contraindicated.

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

Are you pregnant or breast feeding? Yes ___ No ___

Are you taking medication to prevent rejection of a transplant organ? Yes ___ No ___

Are you taking prescribed mental health medications? Yes ___ No ___

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

Are you taking any prescribed blood pressure medications? Yes ___ No ___

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

Are you taking any prescribed blood thinning medications? Yes ___ No ___

Are you taking any prescribed medication for an irregular heartbeat? Yes ___ No ___

Are you currently receiving chemotherapy? Yes ___ No ___

The ionic foot detox machine 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 ionic foot detox machine is not a medical device and is not intended to diagnose, treat, cure, or prevent any disease or ailment.

Signature _____

Date _____