

**Integrated Body Health**  
**IonCleanse® Foot Bath Release Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

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

Are you on any medications? YES / NO

If so, what conditions are the medications treating?

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

Do you have a 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 a blood pressure medication? \_\_\_YES \_\_\_NO

Does your blood pressure increase if you miss one or more doses of your medication? \_\_\_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 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 \_\_\_\_\_

Note: Please fill out this form and either Save/Email attachment to [pauline@integratedbodyhealth.com](mailto:pauline@integratedbodyhealth.com) or Print It and bring with you to your appointment.