

# IonCleanse® Footbath Release Form

Blue Root Acupuncture, LLC

Confidential

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**Important: Complete this document as thoroughly as possible. Some questions may seem unrelated to your condition, but they may affect your diagnosis and treatment. This information is confidential.**

Date: / /		First Name:		Last Name:		Middle Initial:	
Gender:		Date of Birth: / /		Age:		SS#:	
F: M:						Height:	
Street Address:				City:		State:	
						Zip:	
Phone (Daytime) – Home Work Mobile - Circle one				Phone (Night time) – Home Work Mobile - Circle one			
Alternate Phone - Home Work Mobile – Circle one				Place of Employment:		Occupation:	
Marital Status: Check one (x)				Name & Phone Numbers of Emergency Contact:			
<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> Other: _____				Primary: ( )		Alternate: ( )	
E-Mail:							

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

\_\_\_\_\_

\_\_\_\_\_

When was the last time you had anything to eat? \_\_\_\_\_

Do you have a heart pacemaker and/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

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

#### MEDICATIONS

Please list all prescription medications you use. Include those, which you may only use occasionally.  
Remember inhalers, eye drops, nose sprays, and topical creams.

Prescription Name	Purpose	How Long	Dose	How Often	Last Dose

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: \_\_\_\_\_

## **IonCleanse® Disclaimer & Information**

*Please read the following statements and then sign below to indicate your understanding/acceptance of responsibility for the information provided.*

Today, we are exposed to the greatest toxic load in the history of our planet, and ongoing detoxification is essential to maintain good health and to avoid disease. The IonCleanse®, in combination with a healthy, low-stress lifestyle provides a thorough and efficient way to maintain high energy levels and long-term wellness. It may be possible to reduce pain and other symptoms caused by a lifetime of toxic build up in the body (assuming the symptoms are caused by toxic buildup). The long-term effectiveness of the IonCleanse® detoxification process depends on the other life-enhancing changes that the client is willing to make.

Anyone falling into one or more of the following categories should NOT use the IonCleanse®:

- Clients who do not respond to a muscles test, or who test weak to both polarities, with their feet in the water with the unit turned on.
- Wearer of a pacemaker or any other battery operated or electrical implant.
- Those on heartbeat regulating medication.
- Organ transplant recipients.
- Anyone on medication, the absence of which would mentally or physically incapacitate them, such as psychotic episodes, seizures, etc.

Furthermore, the following recommendation should be strongly considered:

- Medications that require a specific blood level to be maintained in order to be effective. Example, blood pressure medication should be taken into consideration. Typically you can plan to schedule your appointment for a time just prior to taking your medication.
- Clients with low blood sugar should eat before receiving a session.
- Pregnant and nursing mothers should not bathe due to toxins that would affect the baby in the womb or via mother's milk.
- As a general rule, clients on dialysis, taking insulin, or experiencing, congestive heart failure can use the IonCleanse®. Gentle detoxification will help the body eliminate the toxins that the kidneys and heart cannot eliminate on their own and will not interfere with the medications or deplete insulin levels.
- People with metal joint implants have occasionally experienced some discomfort while using the IonCleanse® due to the exposure to the electromagnetic field. In the event of discomfort, stop the session immediately.

I have read the above information and also recognize that this is an experimental device not approved by the FDA.

I accept full responsibility for my use of this equipment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_