

# BEAUFORT CHIROPRACTIC, LLC

## IonCleanse® Foot Bath Release Form

DATE: \_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_

Employment:

\_\_\_\_\_

(if retired, please list previous career field)

When was the last time you had something to eat (for hypoglycemics only)?

\_\_\_\_\_

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

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**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 heartbeat? 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 \_\_\_\_\_



## **The IonCleanse® Solo™ System Contraindications:**

Today, we are exposed to the greatest toxic load in the history of our planet. Ongoing periodic cleansing is essential to maintain health. The IonCleanse® system, in combination with a healthy, low-stress lifestyle, provides a thorough and efficient way to maintain high energy levels and long-term wellness. There are certain people who should not use the IonCleanse by AMD. Unless you are under a physician's guidance, the following contraindications should be followed:

- Wearers of a pacemaker, or any other battery-operated or electrical implant.
- Pregnant or nursing women.
- Those on heartbeat-regulating medication and/or blood thinners.
- Organ transplant recipients.
- Those on medication, the absence of which would cause mental or physical impairment, such as psychotic episodes, seizures, etc.

Furthermore, the following recommendations should be considered:

- Many medications require that a blood level be maintained in order to be effective; for example, blood pressure medication. Do your IonCleanse session just before taking your medication so that you can maintain proper levels.
- Great care should be taken if you are suffering from pathologies or are entrenched in the allopathic system. Consult with your physician first.
- If you experience low blood sugar, eat before a session.
- If you have had a substantial portion of your colon removed, we will start with a reduced session time as one of your main channels of elimination has been compromised.
- If you have non-electrical implants, such as titanium pins, you may find the current uncomfortable. In the event of severe discomfort, discontinue the session.

By signing below, I acknowledge I have read the above contraindications.

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Signature