ADVANCED INTEGRATED HEALTHCARE LLC
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advancemyhealth.com
An Integrated Approach to Wellness

IONCLEANSE® FOOT BATH RELEASE

PERSONAL INFORMATION

Name:	Sex: M F	Occupation:	Date:
Address:	City:	State/Zip:	
Home Phone:	Work Phone:	Cell Phone:	
Email:	Age:	Height:	Weight:

HEALTH INFORMATION

What are your major health concerns? _____

Please list all current medications._____

Please list all previous surgeries and dates._____

When is the last time you have had something to eat? (For Hypoglycemic persons only)_____

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 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?

Please circle if you have experienced any of the following in the past year:

fractured bones	neck pain/stiffness	numbness/tingling	irritability	ringing in ears	hearing loss
auto accidents	jaw pain/click (TMJ)	foot trouble	allergies	frequent colds	trouble sleeping
other accidents	fall(s)	chest pain	vision problems	upper back pain	low back pain
arthritis	heart problems	stroke	mood swings	PMS	hip pain
high blood pressure	diabetes	varicose veins	ear infections	sinus problems	constipation
seizures	shoulder pain	liver trouble	diarrhea	stress levels	leg pain
arm/hand trouble	dizziness	circulation problems	headaches	cancer	depression or anxiety
gall bladder trouble	skin problems	heartburn	fatigue	flu	migraines

Other: _____Of the above, which is your major complaint(s)? _____

I certify that everything on this form is true and correct to the best of my knowledge.

PATIENT/GUARDIAN SIGNATURE: _____ **DATE:** _____