

IonCleanse® Foot Bath Detox
Intake Form

Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Preferred Contact Method: _____ (cell) ___ (work) ___ (email) ___
Occupation: _____ Number of years: _____
Referred by: _____
Emergency Contact: _____ Phone: _____

Employment : (if retired, please list previous career field) _____

When is the last time you had something to eat? _____
Are you pregnant or breastfeeding? Yes _____ No _____
Are you on medications to prevent rejection of a transplanted organ? Yes _____ No _____
Are you on medication to treat a mental health issue? Yes _____ No _____ If you answered yes, do you
have symptoms if you miss one or more doses? Yes _____ No _____

Do you take medication to treat high blood pressure? Yes ___ No ___ (Does your blood pressure increase if
you miss one or more doses of our medication? Yes ___ No ___)
Do you take medication to: treat low blood pressure? Yes _____ No _____
prevent rejection of a transplanted organ? Yes _____ No _____
treat an irregular heart beat? Yes _____ No _____
Do you take blood-thinning medication (Coumadin/Warfarin or similar medication)? Yes _____ No _____

Are you currently taking a course of chemotherapy treatment? Yes _____ No _____
Are you currently taking course of radiation therapy? Yes _____ No _____
Have you had a portion of you colon removed? Yes _____ No _____
If yes, stop here and speak with your therapist before continuing.

For Therapist to Complete

Client has had a portion (upper/lower # feet/inches _____) of his/her colon removed.

Reason: _____
Surgery date: _____

The IonCleanse® by A Major Difference 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 the IonCleanse® by A Major Difference is not a medical device and is not intended to diagnose, treat, cure or prevent any disease or ailment whether or not I have a disease or ailment now or in the future.

Client's Signature _____ Date: _____

Guardian's Signature _____ Date: _____

Therapist's Signature _____ Date: _____

