



MULTICARE HEALTH CENTER

3840 SOUTH HARLEM AVENUE

LYONS, IL 60543

P: 708.442.3050 | F: 708.442.3058

ION CLEANSE® FOOT BATH RELEASE FORM

Please fill out completely.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Date of Birth _____ State of Birth _____

Age _____ Male Female

What are your major health concerns? _____

What medications are you currently on? _____

Do you have Health insurance? Yes No What type? PPO HMO Other _____

When is the last time you had something to eat (for hypoglycemic only)? _____

Do you have a hear pacemaker or any battery operated or electrical implants? Yes No

Are you pregnant or breast feeding? Yes No

Are you on medications to prevent rejection of transplanted organs? 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 you blood pressure increase if you miss any doses of your medication? Yes No

Are you on blood-thinning medications? Yes No

Do you take medication for irregular hear beat? Yes No

Are you currently taking a course of chemotherapy treatment? Yes No

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

Patient's Signature _____ Date _____