Optimal Wellness Solutions

2489 Rice Street, Suite 130
Roseville, MN 55113
651-340-1233

ION CLEANSE CONSENT FORM

Please fill out completely

Name _____ Phone number _____ Date of birth _____

Address _____ City _____ Zip code _____

Email address _____

Any person falling into one or more of the categories listed below should NOT use the Ion Cleanse:

1.	Battery operated or electrical implants (pacemaker, etc.)	Yes	No
2.	Heartbeat regulating medication	Yes	No
3.	Organ transplant recipients	Yes	No
4.	Anyone on medication, the absence of which could mentally or physically incapacitate them or induce psychotic episodes or seizures	Yes	No
5.	Pregnant or lactating women	Yes	No
6.	Anyone diagnosed with congestive heart failure	Yes	No

The following recommendations should be strongly considered:

1. Schedule ION CLEANSE sessions befoe the taking of a medication that affects prper blood levels — ie. blood prssure medication.
   a. Current Medications: _____
   _____
   _____
   b. Have you taken any medication today? _____
2. Patients with low blood sugar should eat BEFORE doing the ION CLEANSE, as it tends to lower blood sugars in diabetic & hypoglycemic people.
   a. Have you been diagnosed as diabetic or hypglycemic? Yes No
   b. If yes, have you eaten before your appointment today? Yes No
3. The ION CLEANSE can be done on patients on dialysis or those taking insulin. Gentle detoxification will help the body eliminate the toxins that the liver cannot eliminate on its own and will not interfere with medications or deplete insulin levels.
4. It can be uncomfortable to have the ION CLEANSE performed on those with metal implants. Proceed at your own risk.

DISCLOSURE

I HAVE READN AND UNDERSTAND THAT PRECAUTIONARY INFORMATION ASSOCIATED WITH THE USE OF THE ION CLEANSE UNIT AND AGREE TO BE TREATED.

_____ _____

Signature of Patient or Guardian Today's Date