



PATIENT/CLIENT INTAKE FORM

The following information needs to be gathered in order for us to formulate a safe and effective treatment plan for you. This information will be kept confidential and cannot be released without your written consent unless obliged by law. This information may be shared amongst other health information custodians or circle of care for the purpose of your health care. Please feel free to ask any questions about the information being requested.

Full Name		
Date of Birth (MM/DD/YYYY):		Gender: Male or Female
Cell Phone:	Home Phone:	Work Phone:
Email Address:		
Address:		Apt #:
City:	Province:	Postal Code:
Occupation:		
Who may we thank for referring you to our care?		
General Health Background:		
Physician Name:		
Allergies:		
Do you participate in any sports or activities?		
Are you currently on any medications?		
Recommendations for your Ion Cleanse Session:		
<ul style="list-style-type: none"> - Detoxification of the body is essential to maintaining good health. During the detoxification process with the aid of Ion Cleansing, please remember to keep your body well hydrated. It is beneficial to drink a 6-8 ounce glass of water both before and after your session. Also, taking a good quality daily multivitamin is suggested. - In order to achieve the best possible benefits from the Ion Cleansing System, it is recommended that you receive regular and consistent sessions. In most cases, one visit per week would be advised, however the average adult can receive up to 2-3 sessions per week. - Ion Cleansing is considered a detoxification aid. Maintaining a healthy and balanced lifestyle in regards to diet, exercise, and mental and emotional wellbeing, is ideal. Using Ion Cleansing in combination with any other modality offered at InsideOut Wellness Centre may accelerate results. 		
Consent for your Ion Cleanse Session:		
<p>Ion Cleanse is a non-invasive approach available for use as a detoxification aid. It is not intended to diagnose ailments and/or disease processes or substitute medical treatment.</p> <p>It is not recommended that clients with the following conditions or circumstances participate in Ion Cleansing:</p> <ul style="list-style-type: none"> - Patients wearing a pacemaker or other battery operated or electrical implant - Patients on heartbeat regulating, seizure or other medication that is required to be maintained at specific levels within the blood - Patients who are recipients of organ transplants - Patients with metal implants in the feet may find the treatment uncomfortable and although not discouraged from use should inform the technician if this discomfort is intolerable. - Women who are either pregnant or lactating - Those patients who are hypoglycemic (low blood sugar) are encouraged to eat before treatment. 		

If at any point during the course of the treatment the patient is asked to inform the technician of any changes to their current state of health, specifically including any of the above considerations.

Informed Consent and Policy Terms of the Ion Cleanse Treatment

- An average adult single session constitutes a 45 minute session.
- InsideOut Wellness Centre also offers session packages (ex. 10 sessions). Package sessions are non-transferrable.
- We require 24 hours' notice for an appointment change or cancellation, otherwise you are responsible for the missed appointment fee.
- Ion Cleanse package certificate cards are the holders' responsibility. Lost cards should be reported. Replacement cards are available with an administrating fee.
- InsideOut Wellness Centre is the guardian of my file. My file will only be released with a duly executed authorization form signed by me.
- I understand, have read and completed this questionnaire truthfully to the best of my ability. I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures. I consent to the service being undertaken and I hereby indemnify InsideOut Wellness Centre and its Owners & Staff from any claims whatsoever. I understand that there are no guarantees or refunds as to the results of this service. I hereby agree to all of the above and grant my permission to have this treatment performed on me.

Client Name (Printed): _____

Client Signature: _____ Date: _____