

Infrared Sauna Blanket Intake Form

Name: _____ Date: _____

Date of Birth: _____ Gender: M F

Address: _____

City: _____ State: _____ Zip: _____

Phone _____ Email _____

Referred by _____

Occupation: _____

Emergency Contact: _____ Phone _____

Have you ever used an Infrared Sauna or infrared Sauna Blanket before? Yes No

If so, how often? _____

Health History

Circle any of the following conditions you may have. Please explain below.

Allergies

Any recent injuries/surgeries

Muscle or joint pain/ stiffness

Shortness of breath/Asthma/Breathing issues

Numbness/tingling

Cancer

Insensitivity to heat

Bruise easily/Blood Disorders

Epilepsy/ Seizure

Pregnant

High/Low blood pressure

Digestive conditions

Depression/Anxiety /PTSD

Arthritis

Stroke/Heart Attack/Congestive Heart Failure

Defibrillator/Pacemaker

Spine or Back issues/injuries/Whiplash

Endocrine/thyroid

Diabetes/Insulin Pump

Kidney/Liver- condition, disease or infection

Skin conditions

Metal rods, pins, artificial joints, or surgical implants

Headache/Migraine

Current Fever

Explain any of the above marked: _____

Please List any medications or supplements you are currently taking: _____

If you have indicated yes to any of the conditions listed above, we will discuss the ones that may be a contraindication. You may be required to get a physicians permission before using the Blanket. Anyone under the age of 12 is not allowed to use the Infrared Sauna Blanket. Consent forms must be filled out for any one under the age of 18 by parent or guardian. We reserve the right to refuse service to anyone that we feel might harm themselves from use of blanket without a physician consent..

_____ I understand that this is not a medical treatment, detox or weight loss method. The practitioner does not treat or diagnose any medical condition and that I should see a licensed professional if any issues arise.

_____ If I begin to feel sick, dizzy, dehydrated, feverish or unwell in any way I will discontinue my sauna session and seek help. If I have a headache or fever, I understand that I must reschedule my session.

_____ I understand that if I chose to wear clothing, all attire must be 100% cotton. Synthetic materials such as Lycra are not recommended.

_____ I understand that I should be free from perfumes or lotions.

_____ I understand that food, beverage (except water), smoking, street drugs and alcohol are ABSOLUTELY NOT PERMITTED when using the Infrared Sauna Blanket. Water is provided by the practitioner to help ensure that you do not become dehydrated.

_____ I understand the importance of informing the practitioner of any issues I may have, medications I may be taking and informing them of any discomfort I may feel at any given time.

_____ I have been given a chance to ask questions about the Infrared Sauna blanket, have them answered and understand that the session can be terminated at any time, by myself or the practitioner.

Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Notice: No information about client conditions or sauna sessions will not be discussed or shared with any third party without written consent of the client, parent/guardian if the client is under 18.