



Infrared Sauna Intake and Waiver

Infrared Ray Sauna Therapy is an outstanding treatment modality and relaxation therapy for most people. There are, however, some people who should not use Infrared Sauna at all and others who should use it with caution. The following check list helps you identify any considerations specific to you and requests you acknowledge and accept the risks inherent in the use of the Infrared Sauna.

Full Name: _____ **Phone Number:** _____

Address: _____

Date of Birth: _____ **Email:** _____

Emergency Contact Name: _____ **And Phone:** _____

How did you hear about us: _____

Have you ever used Infrared Sauna Before? ___ Yes ___ No

Have you consulted with your doctor regarding your ability to use the Infrared Sauna? ___ Yes ___ No

Contraindications:

Are you **pregnant?** ___ Yes ___ No **How long?** _____

Pregnant women should consult their physician prior to the use of the sauna. Excessive body temperatures have a potential for causing fetal damage during the early days of pregnancy.

Do you currently have a **fever, infection or injury?** ___ Yes ___ No

Have you recently had **high blood pressure, a heart attack, pacemaker, defibrillator, unstable angina, arterial disease** or other **cardiovascular problem?** ___ Yes ___ No

Do you have a history of **dizziness, fainting spells, heat sensitivity, narcolepsy or seizures,** ___ Yes ___ No

Are you under the **influence of alcohol?** ___ Yes ___ No

Do you suffer from any **bleeding disorders?** ___ Yes ___ No

Have you been diagnosed with any medical condition? ___ Yes ___ No

(example: Parkinson's, Multiple Sclerosis, Diabetic Neuropathy, etc. that may limit your ability to sweat such as anhidrosis)

If yes, which condition(s): _____

If you answered YES to any of these questions, it is not recommended that you use the Infrared Sauna at this time. We suggest you consult your Primary Health Care Physician to obtain a release form in order to use our Infrared Sauna.

Cautions:

Are you on any **medications**? ___ Yes ___ No

The use of drugs, medications and/or alcohol prior to or during the sauna session may lead to dizziness or unconsciousness.

No one under the age of 18 permitted in the Infrared Sauna unless accompanied by a supervising adult.

Older patients should consult with their physician before using the Infrared Sauna.

Discontinue use of the sauna if you feel light-headed, dizzy or heat exhausted.

Recommendations:

Sauna sessions should be limited to no more than 45 minutes and temperatures must stay below 150 degrees Fahrenheit.

It is always important to maintain proper hydration levels during Infrared Sauna therapy. Dehydration will actually increase carbohydrate utilization and cause less fat to be burned for energy. We highly recommend drinking a minimum of 4 oz. of water prior to entering the sauna and a minimum of 8 oz. of water after sauna use. Water bottles, food or any other beverages are not permitted in the sauna.

Please consult your physician if you are in doubt regarding your ability to use the Infrared Sauna for health

I acknowledge and accept the risks inherent in the use of the Infrared Sauna. I voluntarily assume the risk of injury, accident or death, which may arise from the use of the Infrared Sauna. I and any of my heirs, executors, representatives or assigns hereby release from all claims or liabilities for personal injury or property damages of any kind sustained while on the premises, during the use of Infrared Sauna and from any advice provided by an employee, independent contractor or any representative. I agree that this Application and Waiver is in effect for all Infrared Sauna sessions and will not expire unless requested by either party.

Holistic Harmony and its representatives do not provide medical advice or treatment. Infrared Sauna use may or may not be appropriate for you. Please consult with your health care provider for medical advice. The information provided is for general information purposes only and does not address individual circumstances or medical conditions. Do not attempt to self-treat any disease with a Infrared Sauna.

Signed: _____ **Date:** _____

Print Full Name: _____

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