



Serenity Salt Cave & Healing Center

Far Infrared Sauna Client Intake Form

Name _____ Date of Birth _____

Phone _____ Email _____ Occupation _____

Address: _____ City _____ Zip _____

Emergency Contact _____ Phone _____

Referred by (Name)/How you heard about Serenity _____

Have Your Used FIR Sauna Before? Yes No

Indicate your main health concerns _____

List any medication and/or supplements that you are taking _____

Water consumption per day _____ How easily do you sweat? Very Easily Average Rarely

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

Please note the following list are considered contraindications for the use of Far Infrared Saunas and you need to consult with your doctor before using an Infrared Sauna. We suggest that you consult your Primary Health Care Physician to obtain a release form in order to utilize the Far Infrared Sauna. Please indicate if any of the following apply to you:

- | | | |
|---|-----|----|
| 1. Do you have uncontrolled high blood pressure? | Yes | No |
| 2. Do you suffer from Congestive Heart Failure? | Yes | No |
| 3. Are you presently intoxicated with increased consumption of alcohol? | Yes | No |
| 4. Do you suffer from Parkinson's or Multiple Sclerosis? | Yes | No |
| 5. Do you suffer from a Central Nervous System Tumor or Diabetic Neuropathy? | Yes | No |
| 6. Are you pregnant? | Yes | No |
| 7. Do you have a fever, infection or injury? | Yes | No |
| 8. Have you had a recent joint injury (past 48 hours) that is still hot and swollen | Yes | No |
| 9. Do you have a pacemaker or defibrillator? | Yes | No |
| 10. Do you have a history of dizziness, fainting spells, heat sensitivity, narcolepsy or seizure? | Yes | No |
| 11. Do you suffer from any bleeding disorders? | Yes | No |

Please indicate if any of the following apply to you, if so, you need to be cautious during your session. Please slightly open the door of the sauna to allow cool air to come in if you are too hot. We will set your first session at a lower temperature:

- | | | |
|--|-----|----|
| 1. Are you currently taking diuretics, barbiturates, beta-blockers or anti-histamines? | Yes | No |
| 2. Are you under the age of 16 or over the age of 65? | Yes | No |
| 3. Are you currently having a heavy menstrual period? | Yes | No |
| 4. Do you have a metal pin, rod, artificial joint or any other surgical implants? | Yes | No |
| 5. Do you have a hard time breaking a sweat? | Yes | No |

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

If yes, which condition? _____

Cautions:

- The use of drugs, medications, or alcohol prior to or during the sauna session may lead to dizziness or unconsciousness.
- No one under the age of 18 is permitted in the far infrared sauna unless accompanied by a supervising adult.
- Older patients should consult their physician before using the infrared sauna
- Discontinue the use of the sauna if you feel light-headed, dizzy or heat exhausted.

Recommendations:

- Sauna sessions should be limited to no more than 30 minutes and temperatures must stay below 150 degrees Fahrenheit.
- It is always important to maintain proper hydration levels during far infrared 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 are not permitted in the sauna.
- Please consult your physician if you are in doubt regarding your ability to use the far infrared sauna for health reasons.

I acknowledge and accept the risks inherent in the use of the Far-infrared Sauna. I voluntarily assume the risk of injury, accident or death, which may arise from the use of the Far-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 the Far- 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 Far-infrared Sauna sessions and will not expire unless requested by either party. Serenity Salt Cave & Healing Center, and its representatives, does not provide medical advice or treatment. Far-infrared Sauna use may or may not be appropriate for you. Please consult 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 Far-infrared Sauna.

I have carefully read the above safety instructions and precautions for using the Sunlighten Infrared sauna. I fully understand them and fully agree to comply with instructions. This agreement is in effect for all Sunlighten Infrared sauna sessions/ treatments and will not expire unless requested by either party.

Signature of client _____ Date _____

Print Full Name: _____