



Oasis Center for Wellness, LLC  
88 Inverness Circle East  
Building H, Unit 105-106  
(303) 961-9111

## CONSULTATION SHEET & RELEASE FORM

Date: \_\_\_\_\_

Referred By: \_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

May we e-mail you promotions? \_\_\_\_\_

Phone: (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

1. Are you claustrophobic? Yes \_\_\_ No \_\_\_
2. Is heat bothersome to you? Yes \_\_\_ No \_\_\_
3. Do you like to steam? Yes \_\_\_ No \_\_\_
4. Do you sweat? Yes \_\_\_ No \_\_\_
5. Have you been vaccinated for Covid 19? Yes \_\_\_ No \_\_\_
6. Are you taking medications? Yes \_\_\_ No \_\_\_
  - a. If Yes, have you consulted with your Doctor or Pharmacist about using an Ozone Steam Cabinet while taking your medications? Yes \_\_\_ No \_\_\_

Individuals who are using prescription drugs should seek the advice of their personal physician or a pharmacist for possible changes in the drugs effect when the body is exposed to ozone or elevated body temperature. Diuretics, barbiturates and beta-blockers may impair the body's natural heat loss mechanisms. Some over the counter drugs such as antihistamines may also cause the body to be more prone to

heat stroke.

7. Do you have Diabetes with Neuropathy, Parkinson's, MS or Lupus?

Yes \_\_\_ No \_\_\_

a. If Yes, written permission from your physician is required before using an Ozone Steam Cabinet.

Parkinson's, Multiple Sclerosis, Central Nervous System Tumors and Diabetes with Neuropathy are conditions that are associated with impaired sweating.

8. HEART CONDITIONS & ELDERLY CLIENTS:

a. Do you have unstable Angina? Yes \_\_\_ No \_\_\_

b. Have you had a recent Heart Attack? Yes \_\_\_ No \_\_\_

c. Do you have Severe Arterial Disease or any other cardiovascular conditions/problems? Yes \_\_\_ No \_\_\_

d. Are you on any medications for blood pressure? Yes \_\_\_ No \_\_\_

If you answered yes to any of the above, written permission from your physician is required before using an Ozone Steam Cabinet. Individuals with cardiovascular conditions or problems (hypertension / hypo tension), congestive heart failure, impaired coronary circulation or those who are taking medications, which might affect blood pressure, should exercise extreme caution when exposed to prolonged heat. Heat stress increases cardiac output, blood flow, in an effort to transfer internal body heat to the outside environment via the skin (perspiration) and respiratory system. This takes place primarily due to major changes in the heart rate, which has the potential to increase by thirty (30) beats per minute for each degree increase in core body temperature.

**Elderly Clients and those with known heart conditions MUST consult their cardiologist about using steam and FIR saunas, as well as Frequency Specific Microcurrents (FSM) and High-Intensity PEMF if you would like to add those modalities to your HOCATT Session. You need an EKG (not older than 12 months) and you need to be CLEARED to use a sauna by your cardiologist before doing a HOCATT session. Your cardiologist may recommend a safe temperature range, as well as a heart rate limit that may not be exceeded. Your cardiologist might also clear you for adding the FSM and/or PEMF modalities.**

**The HOCATT Plus has a heart rate monitor, so that you can monitor your heart rate throughout the session. You can also ask the HOCATT technician to set a heart rate limit (e.e., 120 beats/min). If your heart rate exceeds this limit, then the whole system will shut down (ending the session immediately).**

9. Are you currently taking a course of chemotherapy treatment?  
Yes \_\_\_ No \_\_\_

a. If Yes, written permission from your physician is required before using an Ozone Steam Cabinet.

10. Are you under the care of a physician for any other condition or disease that we should know about? Yes \_\_\_ No \_\_\_

a. If Yes, please describe the condition(s) or disease(s) below:

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b. Are there any other medical conditions you have that your technician should be aware of?

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11. Please list ALL current daily medications, herbs and/or supplements and

dose:

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12. When was the last time you had something to eat?

When heat is applied to the body, much-needed blood is diverted away from the digestive organs to the capillaries at the surface of the skin. Once this occurs, your food will tend to simply lie in the stomach and ferment. The conflicting agendas of digesting and perspiring help explain why many people do not feel hungry on very hot days. They also help explain why people who eat large meals before entering the sauna don't sweat as easily as those with emptier bellies. The body prioritizes its needs; so when food must be digested, it doesn't easily give up its blood supply to the surface of the skin.

On the other hand, it is common for one to feel faint (and even nauseated) if one uses the sauna without having any food at all in the stomach, because blood sugar levels can dip too low. If you feel hungry just before entering the sauna, eat a small amount of something that is easily digestible (generally a carbohydrate, such as fruit, raw vegetables, sprouts, nuts, or sprouted bread). Some health care professionals believe that faintness in a sauna can be caused by electrolyte imbalance; so make sure your mineral intake is sufficient.

13. The use of drugs, medication or alcohol prior to or during the sauna session may lead to dizziness or unconsciousness. Clients using any medications must consult a physician or pharmacist prior to the use of the Ozone Steam Cabinet.
14. Please consult your physician if you are in doubt of your ability to use an Ozone Steam Cabinet for health reasons.
15. No clients under the age of 18 are permitted in the Ozone Steam Cabinet.

16. Do not use any chemicals or lotions prior to your Ozone Detox session.

These items may block pores and affect perspiration. Due to chemical sensitivities that clients and staff experience, kindly do not use fragrances (such as perfume, after-shave and cologne, essential oils), or strongly scented personal products (such as powder, hair spray, hand sanitizers, deodorant, essential oils, etc.) during the day of your session.

17. Have you consumed at least half of your body weight (pounds) of water (in ounces) today prior to your session? e.g. if you weigh 150 pounds, drink at least 75 ounces of water.

It is very important to drink plenty of water before and after a HOCATT session, as well as throughout the rest of the day and the days that follow. Drinking water helps your body to flush out toxins. It is important to note that detoxifying the body **too fast**, especially if there are many toxins present, can overload the body's avenues of elimination. These include the kidneys, liver, colon, lymph system, skin and lungs. When these organs are impaired, then even mild detoxification methods can overload the remaining elimination organs. Overloading these systems can result in a detox reaction or "cleansing crisis." You may experience anything from flu-like symptoms to a skin rash. It is the body's way of trying to get rid of the toxins. While ultimately a detox reaction is a sign of a good thing, it can still be an unpleasant experience. It is much easier to get through when you support your body's normal elimination systems. When these organs are working well, and there is sufficient water and nutrient intake, then most detox reactions pass quickly, and sometimes even go unnoticed! This is why it is very important to drink plenty of water and take supplements, to help support the liver, kidneys, colon and other elimination systems. Be sure to do this if you find yourself experiencing a detox reaction.

## 18. **IMPORTANT LEGAL INFORMATION AND DISCLAIMERS**

THE HOCATT IS NOT A MEDICAL DEVICE. IT HAS NOT BEEN EVALUATED OR APPROVED BY THE FDA OR NDF, AND WE DO NOT CLAIM ITS INTENDED USE TO TREAT, CURE, PREVENT OR DIAGNOSE ANY DISEASE OR MEDICAL CONDITION. Though we will be glad to supervise the use of this equipment, we do not aim to treat, cure, prevent or diagnose any disease or medical condition. This information should not be used as a substitute for professional medical advice. Under US law, only a medical doctor may "treat" illness and disease with a medical origin, such as cancer. This law is to protect you from the possibility that, while you are receiving HOCATT sessions, an illness which may need orthodox medical

attention could be getting worse. Furthermore, it is important to note that we cannot be held responsible for any health issues you may have, and we cannot be held responsible for deterioration of any ailments that you have.

The physiological effects and efficacy Transdermal Ozone and Oxygen, Whole Body Hyperthermia, Far Infrared, CO<sub>2</sub> / Carbonic Acid, Frequency Specific Microcurrents, PEMFs, Essential Oil Infusions, and Photon Light and Colors have been documented widely and is publically available in literature. These systems are only ever intended to be "in addition" to any medical treatment that you need or are receiving. Please note that any treatment you are receiving from your Doctors should continue whilst you enjoy the HOCATT.

The manufacturer or any marketing agent cannot accept liability for any injury or fatality in relation to the use of this equipment. The client agrees to use this product at his/her own risk, and a parent/guardian takes responsibility for the fragile/minors. It is the client's responsibility to acquaint him/herself with any risks associated with their physical or medical condition, as well as any side effects or risks associated with the medications they are taking, and to consult a medical practitioner if in doubt.

19. DECLARATION:

I am aware that every safety measure will be undertaken by staff, and that this may include my refusal if deemed unsafe. The information that I have given is true and complete, and I would like to go ahead with the Promolife Ozone Detox Only Session or HOCATT Ozone Plus Session at my own risk. I understand what will occur during a session, and I take personal responsibility for my choice in receiving sessions. I shall not hold the manufacturer, any marketing agent or HOCATT technician liable for any illness, injury or worsening of any pre-existing condition that results from using this equipment.

I acknowledge and accept the risks inherent in the use of the Promolife Ozone Detox Only Steam Cabinet and/or the HOCATT Ozone Plus Steam Cabinet. I voluntarily assume the risk of injury, accident or death, which may arise from the use of any Ozone Steam Cabinet. 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 Promolife Ozone Detox Only Steam Cabinet and/or the HOCATT Ozone Plus Steam Cabinet and/or from any advice provided by an employee, independent contractor or any representative.

Results vary with individuals. No guarantees, express or implied, have been made to me about specific results or health benefits I may experience from the use of any Ozone Steam Cabinet.

I have read the above information (all 8 pages including the Contraindications pages – pages 7 and 8 -- following my signature here) and understand completely what I have read.

If fainting occurs and we are unable to revive you, an ambulance will be called.  
If you choose not to have one called, tick this box .

I agree that this Application and Waiver is in effect for all Promolife Ozone Steam Cabinet and/or HOCATT sessions and will not expire.

Full Name: \_\_\_\_\_

Signature \_\_\_\_\_ signed on the \_\_\_\_\_ of  
\_\_\_\_\_ 20 \_\_\_\_\_.

## 20. CONTRAINDICATIONS

Do any of the following conditions apply to you? (Indicate with a tick )

There are circumstances during which certain modalities of the HOCATT should not be used.

### **STEAM / FIR SAUNA**

- Fever.
- Bleeding tendencies *e.g. haemophiliacs*.
- Active bleeding (from an injury).
- Menstruation.
- Elevated blood alcohol or drug levels.
- Excessive caffeine intake.
- Pregnancy/Lactating.
- Am a Minor Child (<18 years).
- Taking medications that impair sweating and/or increase the health risks from heat exposure.

- Heat Insensitivity.
- Low blood sugar levels (empty stomach).
- Recently eaten a heavy meal (in past 30 mins).
- Little or no sleep the night before.
- Known heart conditions *e.g. heart failure, heart blockages, recent heart attack, etc.*
- Uncontrolled and/or malignant high blood pressure.
- Hypotension (keep temperature < 38°C).
- Taking blood pressure medication.

### **CO<sub>2</sub> / CARBONIC ACID**

- Hypotension.
- Taking blood pressure medication

### **TRANSDERMAL OZONE / INSUFFLATION**

- Thyrotoxicosis/ hyperthyroidism.
- G6PD deficiency (Favism)/ hemolytic anemia.
- Organ transplant patient, *i.e. taking immune suppression medication.*
- Cutaneous porphyria (transdermal only).
- Vitiligo (transdermal only).

### **FREQUENCY SPECIFIC MICROCURRENTS**

- Pregnancy.
- Epilepsy and/or seizures.
- Electrical implants *e.g. pacemaker, cochlear implant, intrathecal pump, insulin pump, etc.*
- Known heart conditions *e.g. heart failure, heart blockages, recent heart attack, arrhythmias, etc.*
- Blood clots/DVT's or strokes
- Recent surgery (past 72 hours).
- Implanted metals *e.g. pins, plates, screws, joint replacements, mechanical heart valves, metal stents, or staples in blood vessels, IUD, etc.*
- An injury (where you may still be bleeding).
- Broken, injured, swollen, inflamed or infected skin on the hands or feet.
- Cancerous/ malignant tissue.

### **HIGH-INTENSITY PEMF**

- Pregnancy.
- Epilepsy and/or seizures.
- Elevated blood alcohol or drug levels.
- Electrical implants *e.g. pacemaker, cochlear implant, intrathecal pump, insulin pump, etc.*
- Implanted metals *e.g. pins, plates, screws, joint replacements, dental implants, mechanical heart valves, metal stents, s taples in blood vessels, IUDs.*
- Breast implants.
- Known heart conditions *e.g. heart failure, heart blockages, recent heart attack, arrhythmias, etc.*
- Active bleeding or bleeding tendencies *i.e. haemophilia, bleeding wound, or menstruation.*
- Grave's disease.
- Organ transplant patient, *i.e. taking immune suppression medication.*



