

Ozone Sauna with Hyperthermia Informed Consent

Ozone Sauna with Hyperthermia use is by appointment only.

Consent to use the ozone sauna is conditional upon provision based on Health & Wellness Coaching Client Questionnaire, accurate answers to the following questions, and signing this agreement.

Name _____ Date of Birth _____

Address _____ City _____ Zip Code _____

Phone (Cell) _____ E-mail _____

How did you hear about us? _____ If referred, name of referrer _____

Please Answer the Following Questions:

1. Are you pregnant? Yes () No ()
2. Are you taking any medications? Yes () No () Please list on page 3.
3. Have you been diagnosed with any medical condition, such as anhidrosis, that may limit or prevent your ability to sweat? Yes () No ()
4. Do you have unstable angina? Yes () No ()
5. Have you had a recent heart attack? Yes () No ()
6. Do you have high blood pressure? Yes () No ()
7. Are you sensitive to heat? Yes () No ()
8. Have you been diagnosed with any other medical conditions? Yes () No ()

If "yes", which conditions? _____

If you answered "yes" to any of the above questions, have you consulted with your medical provider about using an Ozone Sauna with Hyperthermia. Yes () No ()

9. What are your bowel habits? _____

10. Have you ever "detoxed" or done a "cleanse"? Yes () No ()

11. Do you take supplements? Yes () No () Please list medications and supplements on page 3.

It is always important to maintain proper hydration levels during sauna therapy to prevent dehydration and to also assist your body in flushing out toxins. If not contraindicated, 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. Initial _____

**Ozone Sauna with Hyperthermia
Informed Consent**

OZONE SAUNA AGREEMENT/ ACKNOWLEDGEMENT

1. 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 other healthcare provider prior to use of the sauna.
2. Please consult your physician if you are in doubt regarding your ability to use the ozone sauna for health or any reason.
3. No one under the age of 18 is permitted in the ozone sauna.
4. Discontinue the use of the sauna if you feel light-headed, dizzy, or heat exhausted.
5. Sauna sessions should be limited to no more than 30 minutes and temperatures must stay below 110 degrees Fahrenheit.
6. Clients using any medications must consult a physician or pharmacist prior to use of the sauna.
7. I am not pregnant to my knowledge and I understand that if I am pregnant or think I am remotely pregnant; I am NOT a candidate for Ozone Sauna.
8. I am wanting to use the Ozone Sauna **at my own will for general wellness** and have not been promised any specific results.
9. I am aware that Ozone Sauna with Hyperthermia is not FDA approved and will NOT be considered a medical treatment at Kelly Brink LLC.
9. It is my responsibility to consult my healthcare provider prior to using the Ozone Sauna. Should I choose not to consult my primary healthcare provider, by signing this consent, I acknowledge that a consultation with my primary care physician has been recommended to me by Kelly Brink LLC. I accept full responsibility for my health decisions and understand that all information received is for suggestion only and will not be considered diagnosing, treating disease, medical advice, or a medical treatment. I and any of my heirs, executors, representatives, or assigns hereby release all claims or liabilities for personal injury or property damages of any kind sustained while on the premises, during the use of the ozone sauna, and from any suggestions provided by an employee, independent contractor, or any representative of Kelly Brink LLC. I agree that this Application and Waiver is in effect for all ozone sauna sessions and will not expire unless specifically requested by either party.

Client Signature _____ Date _____

Client Name (Print) _____

Reviewed By: _____ Date: _____

Yes _____ No _____ Reason: _____

Ozone Sauna with Hyperthermia
Informed Consent

Current Medication & Supplement List

Name: _____

Emergency Contact Name/Phone: _____

Known Allergies: _____

Name of Medication/ Supplement	Strength and Frequency	Why do you take medication or supplement?	Physician who Prescribed Med or Supplement	Notes