

**Journey Therapeutic Massage and Chiropractic
Infrared Sauna Consent Health Form**

Client Contact Information:

Name: _____ Date: _____

Phone: _____ Email: _____

DOB: _____ Gender:: Male Female

Address: _____

Would you like to be added to our weekly newsletter to stay up to date on Journey? Yes No

Referred by: _____

Emergency contact: _____

Phone number: _____

Physician: _____

Address: _____

Please take a moment to carefully read the following information

Please circle "Yes" or "No" to any that apply.

Have you ever used an infrared sauna before? Yes No

Do you have a heart pacemaker or any other battery operated or electrical implant? Yes or No

Are you pregnant or breastfeeding? Yes or No

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

Do you have uncontrolled high blood pressure, or cardiovascular problems? Yes or No

Do you suffer from any bleeding disorders? Yes or No

Are you taking any diuretics, barbiturates, blood thinners and/or beta-blockers? Yes or No

Do you have a medical condition that inhibits your ability to sweat? Yes or No

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

**If you answered "YES" to any of the questions above, have you consulted with a
medical practitioner about using an infrared sauna? Yes or No**

Sauna Precautions, Recommendations and Agreement

- Sauna sessions should be limited to no more than 60 minutes.
- Drink plenty of water before, during and after your session.
- If you experience pain and/or discomfort, immediately discontinue and exit the sauna.
- If you are on any medications, consult with your doctor before using the infrared sauna.
- Do not use drugs, tobacco, or alcohol prior to or during the sauna session.
- Discontinue the use of the sauna if you feel lightheaded, dizzy, heat exhausted, or unwell.

- Clients are required to sit on a clean towel during their sauna session.

Informed Consent and Cancellation Policy

I have read the advisements and contraindications for Infrared Sauna use. I have no conflicts for use as described in the advisements and contraindications, or I have provided a doctor's release authorizing use. I consent to the Infrared Sauna session. I understand that this is not intended to take the place of medical care or medications. I understand that I take full responsibility for my own health and well-being. I release Journey Therapeutic Massage and Chiropractic, its employees and technicians from all liability associated with using the Infrared Sauna.

Cancellation Policy:

We understand that unanticipated events happen occasionally in everyone's life. In our desire to be effective and fair to all clients, the following policies are honored:

IMPORTANT: 24-hour advance notice is required when canceling an appointment. This allows the opportunity for someone else to schedule an appointment. If you are unable to give us 24 hours' advance notice you will be charged 50% of your session cost.

No-shows: Anyone who either forgets or consciously chooses to forgo their appointment will be considered a "no-show". They will be charged for 100% of their missed appointment. Understanding all of this, I give my consent to receive care.

Client Signature:

X _____

Date: _____