

# Infrared Sauna CONFIDENTIAL INTAKE FORM



Consent to our use our far infrared sauna treatment is conditional upon providing accurate answers to the following questions and signing this agreement. **If you have any health concerns, we highly recommend you consult a doctor prior to use.**

CatoriWellness605.com

Name \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

## Which health benefits are you most interested in seeking Infrared Sauna Therapy for? (Check all that apply)

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Weight Loss          | <input type="checkbox"/> Arthritis         | <input type="checkbox"/> Immunity Boost     | <input type="checkbox"/> Post Surgery Recovery |
| <input type="checkbox"/> Relaxation           | <input type="checkbox"/> Pain Relief       | <input type="checkbox"/> Allergy Relief     | <input type="checkbox"/> Sleep Better          |
| <input type="checkbox"/> Detoxification       | <input type="checkbox"/> Skin Rejuvenation | <input type="checkbox"/> Fibromyalgia       | <input type="checkbox"/> Reducing Stress       |
| <input type="checkbox"/> Lower Blood Pressure | <input type="checkbox"/> Muscle Relief     | <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> Preventative Care     |

## Infrared Sauna Agreement / Acknowledgement INITIAL NEXT TO EACH STATEMENT

- |   |   |   |
|---|---|---|
| _____ The use of drugs, medication or alcohol prior to or during the sauna session may lead to dizziness or unconsciousness.  | _____ Sauna sessions should be limited to no more than 45 minutes   | _____ of the sauna. Excessive body temperatures have a potential for causing fetal damage during the early days of pregnancy.   |
| _____ Please consult your physician if you are in doubt of your ability to use the far infrared for health reasons. (Refer to <i>Sauna Contraindications PDF</i> for more info) | _____ Sauna temperatures must stay between 90 and 135 degrees Fahrenheit to receive full benefit  | _____ For safety reasons, there is a weight limit of no more than 300 lbs. per person in order to utilize sauna.  |
| _____ No one under the age of 18 is permitted in the far infrared sauna unless accompanied by a supervising adult.  | _____ Water bottles are not permitted in the sauna. Please set outside the sauna door.  | _____ It's 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 and a minimum of 8 oz. of water after sauna use. |
| _____ Discontinue use of the sauna if you feel light-headed, dizzy or heat exhausted.   | _____ Do not rest bare skin against back panels. Towels and wraps are provided. Use the backrest for support and to protect the panels. |   |
|   | _____ Clients using any medications must consult a physician or pharmacist prior to the use of the sauna.                               |   |
|   | _____ Pregnant women should consult their physician prior to the use  |   |

## PLEASE ANSWER THE FOLLOWING QUESTIONS

- |  |  |  |
|--|--|--|
| 1. Have you ever used an infrared sauna before? <input type="checkbox"/> Yes <input type="checkbox"/> No   | 5. Do you have unstable angina? <input type="checkbox"/> Yes <input type="checkbox"/> No   | 9. The use of any electronic device in the sauna is <b>at your own risk</b> . Catori Wellness, LLC is not liable for any damage due to heat exposure.<br>_____ INITIAL                               |
| 2. Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>How far along? _____  | 6. Have you had a recent heart attack? <input type="checkbox"/> Yes <input type="checkbox"/> No  | 10. If you answered "yes" to any of the previous questions; have you consulted with your medical provider about using a Far Infrared Sauna? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are you taking any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No  | 7. Do you have severe arterial disease? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| 4. Diagnosed with any medical condition, such as Anhidrosis, that may limit or prevent your ability to sweat? <input type="checkbox"/> Yes <input type="checkbox"/> No | 8. Have you been diagnosed with any other medical condition not listed on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>If "yes", please explain your condition on the back of this page.</i> |  |

I further understand that it is my responsibility to request, complete and update a new intake form on my future visits to Catori Wellness, LLC if I experience a change to my current health conditions listed/described above. I acknowledge and voluntarily assume the risk of injury, accident or death which may arise from the use of a far infrared sauna. I and any of my heirs, executors, representatives, or assignees hereby release for the all claims or liabilities for personal injury or property loss or 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 infrared sauna sessions and will not expire unless specifically requested by either party.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

# Infrared Sauna WAIVER

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Catori

WELLNESS

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The use of infrared saunas may have many health benefits; however it is important that you fully understand how to use the sauna and gradually introduce your body to the infrared sauna therapy to produce the best results. In all situations, hydration is a requirement for sauna use. Drinking filtered water or even advanced electrolyte replacement water is recommended before and after sauna use. Self-treatment of any disease with an infrared sauna is not recommended without direct supervision of a certified physician.

**If anything listed below applies to you, please consult your physician before using an infrared sauna.** \_\_\_\_\_ **INITIAL**

**// MEDICATIONS** 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 infrared waves or elevated body temperature. Diuretics, barbiturates and betablockers may impair the body's natural heat loss mechanisms. Anticholinergics such as amitryptaline may inhibit sweating and can predispose individuals to heat rash or to a lesser extent, heat stroke. Some over-the-counter drugs, such as antihistamines, may also cause the body to be more prone to heat stroke.

**// CHILDREN** The core body temperature of children rises much faster than adults. This occurs due to a higher metabolic rate per body mass, limited circulatory adaptation to increased cardiac demands and the inability to regulate body temperature by sweating. When using with a child, operate at a lower temperature and for no more than 15 minutes at a time.

**// THE ELDERLY** The ability to maintain core body temperature decreases with age. This is primarily due to circulatory conditions and decreased sweat gland function. The body must be able to activate its natural cooling processes in order to maintain core body temperature. **When using with the elderly, operate at a lower temperature and for no more than 15 minutes at a time.**

**// CARDIOVASCULAR CONDITIONS** 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 caution when exposed to prolonged heat. Heat stress increases cardiac output and 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.

**// ALCOHOL / ALCOHOL ABUSE** Contrary to popular belief, it is not advisable to attempt to "sweat out" a hangover. Alcohol intoxication decreases a person's judgment; therefore, he/she may not realize when the body has a negative reaction to high heat. Alcohol also increases the heart rate, which may be further increased by heat stress.

**// CHRONIC CONDITIONS / DISEASES ASSOCIATED WITH A REDUCED ABILITY TO SWEAT OR PERSPIRE** Various chronic conditions including Parkinson's, Multiple Sclerosis, Central Nervous System Tumors, and Diabetes with Neuropathy are associated with impaired sweating. **Consult a physician before use if you have a chronic condition.**

**// HEMOPHILIACS / INDIVIDUALS PRONE TO BLEEDING** The use of infrared saunas should be avoided by anyone who is predisposed to bleeding.

**// FEVER** An individual who has a fever should not use an infrared sauna until the fever subsides.

**// INSENSITIVITY TO HEAT** An individual with insensitivity to heat should not use an infrared sauna.

**// PREGNANCY** Pregnant women should consult a physician before using an infrared sauna.

**// MENSTRUATION** Heating of the low back area of women during the menstrual period may temporarily increase their menstrual flow.

**// JOINT INJURY** If you have a recent (acute) joint injury, it should not be heated for the first 48 hours after an injury or until the swollen symptoms subside. If you have a joint or joints that are chronically hot and swollen, these joints may respond poorly to vigorous heating of any kind.

**// IMPLANTS** Metal pins, rods, artificial joints, silicone prostheses or any other surgical implants generally reflect infrared waves and thus are not heated by this system. Nevertheless, you should consult your physician prior to using an infrared sauna.

**// PACEMAKER / DEFIBRILLATOR** The magnets used to assemble our saunas can interrupt the pacing and inhibit the output of pacemakers. Please discuss with your doctor the possible risks this may cause.

## // WAIVER AND RELEASE OF LIABILITY

It is not advisable to use an infrared sauna under certain medical conditions and it is recommended that you consult a physician before first use or if questions/concerns arise. It is solely your responsibility to monitor your body/ reactions and determine if it is appropriate to use any far infrared sauna use. You alone are responsible for your safety and well-being.

I have read the above statements and understand the use of a far infrared sauna may involve a physical and/ or mental risk. By signing below, I assume the risk and responsibility for any and all injuries or damages arising from use of the infrared sauna and hereby waive and release Catori Wellness, LLC and their staff of any and all liability.

\_\_\_\_\_ **INITIAL**

I further understand that it is my responsibility to request, complete and update a new intake form on my future visits to Catori Wellness, LLC if I experience a change to my current health conditions listed/described above. I acknowledge and voluntarily assume the risk which may arise from using a far infrared sauna. I, and any of my heirs, executors, representatives, or assignees hereby release for the all claims or liabilities for personal injury or property loss or damages of any kind sustained while on the premises, during the use of the Catori Wellness far infrared sauna and from any advice provided by an employee, independent contractor or any representative. I agree that all pages of this Application/Form and Waiver is in effect for all Catori Wellness services and will not expire unless specifically requested by either party.

Signature \_\_\_\_\_

Date \_\_\_\_\_