

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 at your own risk . Catori Wellness, LLC is not liable for any damage due to heat exposure. _____ INITIAL |
| 2. Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No
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
<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 _____