MOBILE

SALT & WELLNESS CENTER

BREATHE. RESTORE. RENEW.

Welcome!

We're excited to support your wellness journey. Please take a few minutes to complete this form so we can provide you with the best possible experience in our mobile salt and wellness center.

MINOR INTAKE QUESTIONNAIRE

1. MINOR INFORMATION

Child's Full Name: _____ Date of Birth: _____ Age: _____

Parent/Guardian Full Name: _____

Relationship to Minor: _____ Phone Number: _____

Email: _____

Address (City, State, ZIP): _____

2. WELLNESS GOALS

What are your child's primary reasons for visiting the Mobile Salt & Wellness Center? (Check all that apply)

- ☐ Respiratory Support
- ☐ Stress Relief / Relaxation
- ☐ Skin Health
- ☐ Focus / Mental Clarity
- ☐ Better Sleep
- ☐ Athletic Muscle Recovery
- ☐ Overall Wellness
- ☐ Other: _____

Please tell us more about your child's wellness goals:

_____

_____

If under a physician-led wellness program, consult your provider before starting new services.

3. HEALTH & MEDICAL HISTORY

Does your child have any of the following conditions? (Check all that apply)

- ☐ Asthma
- ☐ COPD / Emphysema
- ☐ Allergies
- ☐ Sinus Issues
- ☐ Bronchitis
- ☐ Sleep Apnea
- ☐ Skin Conditions (Eczema, Psoriasis, etc.)
- ☐ Heart Condition
- ☐ High Blood Pressure
- ☐ Pacemaker / Implanted Device
- ☐ Other: _____
- ☐ None of the Above

Is your child currently on a physician-led wellness program? ☐ Yes ☐ No

Does your child have sensitivity to light (photophobia)? ☐ Yes ☐ No ☐ Unsure

4. SAFETY INFORMATION

Does your child have any of the following that may contraindicate halotherapy (salt therapy)? (Check all that apply)

- ☐ Contagious Illness
- ☐ Active Tuberculosis
- ☐ Coughing Up Blood (Hemoptysis)
- ☐ Recent Ear Surgery
- ☐ Pneumothorax (Collapsed Lung)
- ☐ Other: _____
- ☐ None

Is your child able to independently use steps, remove shoes, and sit up and lay down on the service bed?

☐ Yes ☐ No ☐ Unsure

I understand the onboard employee bathroom inside the Mobile Salt Studio is not handicap accessible. If I use the onboard bathroom, I do so at my own risk.

☐ I acknowledge and agree.

5. CONSENT

I understand that the Mobile Salt & Wellness Center is a non-medical, touchless, self-service wellness studio. Services provided are for relaxation and wellness support only. No medical or cosmetic treatments are performed, and no claims or guarantees are made regarding outcomes. I assume full responsibility for my child's health and well-being while participating in services at the Mobile Salt & Wellness Center.

Parent/Guardian Signature: _____ **Date:** _____