

Complete for Infrared Sauna

Have you ever experienced an Infrared Sauna session? Yes No If yes, how long ago? _____

Note: Use of an Infrared Sauna under the below circumstances, is contraindicated:

Check all that apply:

- Heat intolerant or do not sweat even with vigorous exercise
- Adrenal suppression (body does not respond to heat)
- SLE (Systemic Lupus Erythematosus)
- Multiple Sclerosis
- Hyperthyroidism
- Hemophilia or other predispositions to bleeding
- Pregnant or nursing
- Acute joint injuries
- Enclosed infections (dental, joints, tissue)
- Artificial joints, metal pins, or other implants
- During your menstrual cycle (may increase menstrual flow)
- If you take prescription drugs, check with your physician for possible changes in a drug's effect due to interaction with infrared energy
- Any other condition which may present a risk for using an Infrared Sauna _____

I have discussed the above checked contraindications, if any, with the therapist prior to use of the infrared sauna. I am aware adverse events such as heat stroke, have been alleged and claimed with the use of far infrared devices. I am responsible for my own self-treatment. If during a session I feel, weak, tired, nauseous, discomfort or in pain, I am responsible for immediately stopping my session, exiting the booth and notifying the therapist.

Atlanta Colonic and Massage does not claim to treat or cure any condition, illness or disease.

By my signature below, I certify and affirm that I have listed all my known medical conditions and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile, and understand that there shall be no liability to Atlanta Conic & Massage or on the therapist's part should I fail to do so.

Client Printed Name: _____
Last First MI

Client Signature: _____
(for clients under age of 18, signature of parent/legal guardian required) Date