



Intake Form

General Information

Patient Name: _____

Have you ever used an infrared sauna before? Yes No

The following questions represent contraindications to infrared sauna therapy:

Are you pregnant or breastfeeding? Yes No N/A

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

Have you experienced high blood pressure, a heart attack, or other cardiovascular problems? Yes No

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

Do you have a pacemaker or other electrical implanted device? Yes No

Do you suffer from any bleeding disorders? Yes No

If you answered "Yes" to any of the above questions, it is not recommended that you use the infrared sauna at this time. We suggest that you consult with your primary care physician to obtain clearance for infrared sauna therapy prior to proceeding.

Tips for a Great Sauna Experience

1. Please **disrobe to your comfort level**. Some prefer to remain in undergarments or swimwear, while some prefer to be nude. Our sauna room door is equipped with a lock to ensure a private session.

2. It is very important to **maintain proper hydration** levels during your session. We recommend drinking several ounces of water prior to your session, and rehydrating immediately after your session ends.

3. Please find **located in your treatment room hangers and a large basket** for your clothing and belongings.

4. Please do not be afraid to **discontinue your session** if you experience any pain or discomfort, or feel light-headed, dizzy, exhausted, or at all unwell.