

## Infrared Sauna History Questionnaire



Please **PRINT, ANSWER, and FILL IN ALL** the questions/blanks listed in this form.

Date \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_

Full Name (First, Middle Initial, and Last): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email Address \_\_\_\_\_ SS# \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Sex \_\_\_\_\_ Marital Status \_\_\_\_\_

**Emergency Contact:** Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Is your physician aware of you using an Infrared Sauna? \_\_\_\_\_

Why have you decided to use an Infrared Sauna? Please check all that apply:

\_\_\_\_\_ Dr. Suggested or prescription

\_\_\_\_\_ Ninth Amendment "right to self treat"

\_\_\_\_\_ Other, Please explain: \_\_\_\_\_

Please state your expectations from using the Infrared Sauna? \_\_\_\_\_

Who can we thank for referring you? \_\_\_\_\_

Would you like to receive special offers and updates from Back To Essentials, LLC? \_\_\_\_\_ If so, please provide your email and mobile number: \_\_\_\_\_

**Infrared Sauna**

**CONTRAINDICATIONS: Please check YES or NO for EACH question.**

YES NO

		Are you currently taking ANY medications?
		Are you under the age of 18?
		Are you over the age of 60?
		Do you have ANY Cardiovascular Condition, such as Hypertension, Hypotension, Congestive Heart Failure, or Impaired Coronary Circulation?
		Have you consumed alcohol in the last 24hrs.?
		Have you ever been diagnosed with Multiple Sclerosis?
		Have you ever been diagnosed with a Central Nervous System Tumor?
		Have you ever been diagnosed with Diabetes w/ Neuropathy?
		Have you ever been diagnosed as a Hemophiliac or are you prone to bleeding?
		Do you currently have a fever?
		Do suffer from heat insensitivity?
		Are you pregnant?
		What was the first day of your last menstrual cycle?
		Do you have a recent joint injury?
		Do you have a joint that is chronically hot and swollen?
		Do you have ANY implants whether cosmetic or surgical?
		Do you have a pacemaker/defibrillator?

If you have answered “yes” to any question above, please explain. \_\_\_\_\_

I UNDERSTAND THAT IF I ANSWERED “YES” TO ANY OF THE QUESTIONS ABOVE, I MUST CONSULT WITH MY MEDICAL DOCTOR PRIOR TO USING THE INFRARED SAUNA.

I, \_\_\_\_\_ (print name), certify that I HAVE NOT BEEN DIAGNOSED WITH ANY CONTRAINDICATIONS FOR USE OF THE INFRARED SAUNA. Signature & Date \_\_\_\_\_

**Consent and Release**

I, \_\_\_\_\_ (client’s printed name), certify that I AM OVER 18 YEARS OF AGE, OR I AM THE FATHER/MOTHER/LEGAL GUARDIAN OF \_\_\_\_\_ (minor’s printed name). I HAVE FULLY DISCLOSED MY MEDICAL HISTORY AND HAVE COMPLETELY AND ACCURATELY ANSWERED ALL HEALTH RELATED QUESTIONS. I WILL ALERT *Back To Essentials, LLC* OF ANY CHANGES TO MY HEALTH, MEDICATIONS AND/OR LIFESTYLE AS THEY OCCUR.

I UNDERSTAND THAT I MUST CONSULT WITH MY MEDICAL DOCTOR IF I HAVE ANY AFOREMENTIONED MEDICAL CONDITIONS.

I AM UNDERGOING TREATMENT(S) ON MY OWN FREE WILL. I UNDERSTAND THAT ALTHOUGH EVERY PRECAUTION WILL BE TAKEN TO PREVENT COMPLICATIONS, THEY CAN AND SOMETIMES OCCUR. IF I EXPERIENCE ANY DISCOMFORT, I AM RESPONSIBLE FOR STOPPING MY SESSION AND IMMEDIATELY NOTIFYING THE THERAPIST. I ACCEPT FULL RESPONSIBILITY FOR ANY COMPLICATION THAT MAY OCCUR AND HEREBY ABSOLVE *Back To Essentials, LLC* AND ITS ASSOCIATES/STAFF/AFFILIATES OF ANY BLAME FOR ANY COMPLICATIONS RESULTING FROM MY TREATMENTS. THIS FACILITY DOES NOT CLAIM TO TREAT ANY CONDITION OF DISEASE. I UNDERSTAND THAT *Back To Essentials, LLC* PROVIDES THE FACILITY, EQUIPMENT, AND INSTRUCTIONS FOR THE SELF-ADMINISTERING OF THE INFRARED SAUNA. FOR RECEIVING INSTRUCTIONS AND SESSIONS HERE, I RELEASE AND FOREVER DISCHARGE *Back To Essentials, LLC* AND ITS ASSOCIATES/STAFF/AFFILIATES FROM ANY AND ALL RESPONSIBILITY OR LIABILITY ARISING FROM THESE PROCEDURES. NO GUARANTEES OR WARRANTIES HAVE BEEN MADE TO ME OR TO THE SUCCESS, VALUE, OR BENEFITS OF SUCH PROCEDURES.

**THIS FORM HAS BEEN FULLY EXPLAINED TO ME AND I CERTIFY THAT I UNDERSTAND ITS CONTENT. I HAVE READ, UNDERSTAND, AND AGREE WITH THE INFORMATION PRESENTED TO ME. I DECLARE THE INFORMATION I HAVE DISCLOSED HEREIN TO BE TRUE AND ACCURATE.**

Client’s Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ /20 \_\_\_\_

Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ /20 \_\_\_\_

\*For Clients under 18 yrs old, the signature and attendance of the parent or guardian is required. \*

