



CryoHealth Recovery Infrared Sauna Profile Chart

Client Name: _____

Date: _____

Please take a moment to carefully read the following intake information and sign where indicated. If you have a specific medical condition or specific symptoms, far infrared saunas may be contraindicated. A referral from your primary care provider may be required prior to service being provided. These confidential questions are designed to help give you the best treatment possible.

If you are under a doctor's care, please consult with your health practitioner prior to sauna use. Sauna use is contraindicated for pregnant women, nursing mothers, and hemophiliacs. Drink plenty of water before, during and after your sauna session to replenish lost fluids.

Are you pregnant or nursing? Yes ____ No ____ If yes, it is required that we have a note from your doctor prior to beginning your treatment.

Are you a hemophiliac? Yes ____ No ____ If yes, it is required that we have a note from your doctor prior to beginning your treatment.

Are you under the care of a: ____ Physician ____ Acupuncturist ____ Chiropractor ____ Other

If so, please specify:

Were you referred by a physician, chiropractor or acupuncturist? Yes ____ No ____

If yes, please specify doctor's name and phone number so we can thank him for the referral:

Are you under the influence of drugs or alcohol? Yes ____ No ____ If yes, we cannot continue with the treatment.

It is your responsibility to inform CryoHealth Recovery of any changes to the above information. CryoHealth Recovery cannot guarantee the results or outcome of treatments. By signing below you acknowledge that you understand all of the above and have provided all information fully and accurately.

Client Signature: _____

Email Address (to receive our newsletter/specials): _____