

# INFRARED SAUNA INTAKE FORM

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Parent / Guardian's Name & Phone: \_\_\_\_\_  
 (for clients who are under age 18): First Last Cell Phone

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell phone provider (for texts): \_\_\_\_\_

Please PRINT CLEARLY

How did you hear about us? Please check one:

Magazine/Newspaper  Online Ad  Online Search  Current Client (Name): \_\_\_\_\_

Other: \_\_\_\_\_

Are you a current member at LaVida Massage & Skincare? Yes \_\_\_ No \_\_\_

Were you referred by a Doctor? Yes \_\_\_ No \_\_\_ Name of Doctor: \_\_\_\_\_

List specific doctor recommendations for Full Spectrum Infrared Sauna treatment: \_\_\_\_\_

**Reason for Infrared Sauna use (check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> Weight loss and increased metabolism | <input type="checkbox"/> Ease joint pain and stiffness |
| <input type="checkbox"/> Muscle Pain Relief                   | <input type="checkbox"/> Stress and fatigue reduction  |
| <input type="checkbox"/> Better Sleep                         | <input type="checkbox"/> Improve Skin Health           |
| <input type="checkbox"/> Detoxification                       | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> Improve appearance of cellulite      |  |

Please note the following list are considered contraindications for the use of Infrared Saunas and you need to consult with your doctor before using an Infrared Sauna. Please indicate if any of the following apply to you:

- Do you have uncontrolled high blood pressure? .....  Yes  No
- Do you suffer from Congestive Heart Failure? .....  Yes  No
- Are you presently intoxicated with increased consumption of alcohol? .....  Yes  No
- Do you suffer from Parkinson's, Multiple Sclerosis or Bipolar Disorder? .....  Yes  No
- Are you pregnant? .....  Yes  No
- Do you have a fever, infection, or injury? .....  Yes  No
- Have you had a recent joint injury (past 48 hours) that is still hot and swollen? .....  Yes  No
- Do you have a pacemaker or defibrillator? .....  Yes  No
- Do you have a history of dizziness, fainting spells, heat sensitivity, narcolepsy or seizure? .....  Yes  No
- Do you suffer from any bleeding disorders? .....  Yes  No
- Are you currently taking diuretics, barbiturates, beta-blockers or antihistamines? .....  Yes  No
- Are you under the age of 16 or over the age of 65? .....  Yes  No
- Do you have a metal pin, rod, artificial joint or any other surgical implants? .....  Yes  No
- Do you have a hard time breaking a sweat? .....  Yes  No

Have you consulted your doctor regarding your ability to use Full Spectrum Infrared Sauna regarding all if these contraindications that you have answered yes to? (Doctor's note and contact info will be needed to book)  Yes  No

Have you had a fever in the last 24 hours?  YES  NO

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The Clearlight Sanctuary C Full Spectrum Infrared Sauna can deliver advanced Near, Mid and Far Infrared technology to the body with the lowest levels of EMF/ELF in the industry. Infrared Sauna use may or may not be appropriate for you. Please consult your health care provider for medical advice if you have medical concerns. The information provided is for general information purposes only and does not address individual circumstances or medical conditions. Do not attempt to self-treat any disease with an Infrared Sauna.

- Discontinue the use of the sauna if you feel light-headed, dizzy or heat exhausted.
- Please slightly open the door of the sauna to allow cool air to come in if you are too hot.
- Towel off during your session. This will help the body perspire more freely.
- Be sure to drink plenty of water before AND after your Infrared Sauna session.

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### Consent and Release for Infrared Sauna

#### **Cautions:**

- The use of drugs, medications, or alcohol prior to or during the sauna session may lead to dizziness or unconsciousness.
- No one under the age of 18 is permitted in the infrared sauna unless accompanied by a supervising adult.
- Older patients should consult their physician before using the infrared sauna
- Discontinue the use of the sauna if you feel light-headed, dizzy or heat exhausted.

#### **Recommendations:**

- Sauna sessions should be limited to no more than 45 minutes and temperatures must stay below 150 degrees Fahrenheit.
- First session should be no more than 20 minutes and you can gradually increase with each session.
- It is always important to maintain proper hydration levels during infrared therapy. We highly recommend drinking a minimum of 8 oz. of water prior to entering the sauna and a minimum of 16 oz. of water after sauna use. Water bottles are not permitted in the sauna.
- Please consult your physician if you are in any doubt regarding your ability to use the infrared sauna for health reasons.

#### **Release; Assumption of Risk; Consent to Participation**

Full-Spectrum Infrared Sauna is not intended to diagnose, treat, cure, mitigate, or prevent any disease. I understand that it is my responsibility to consult my primary care physician or appropriate, licensed health care practitioner for all my health concerns. I understand that no representations, claims, or guarantees are being made as to any medical or therapeutic benefit.

For good and valuable consideration, the receipt of which is hereby acknowledged, I hereby release, indemnify, defend, protect, and hold harmless LaVida Massage of Smithtown, LaVida Massage Franchise, and all its employees, independent contractors, officers, members, agents, and affiliates (collectively, the "Released Parties") from any and all claims I may have against them relating to my participation in the use of the infrared sauna. I knowingly, voluntarily, and expressly assume all risk of participation in infrared sauna therapy and agree not to bring any legal claim against any of the Released Parties based on such participation. I agree that this Application and Waiver is in effect for all Full Spectrum Infrared Sauna sessions at this location and will not expire unless requested by either part, and I acknowledge that LaVida Massage of Smithtown, and its representatives, does not provide medical advice or treatment.

NOTE: DO NOT SIGN THIS FORM UNLESS YOU HAVE READ AND FEEL YOU UNDERSTAND IT. PLEASE ASK ANY QUESTIONS YOU HAVE BEFORE SIGNING THIS FORM. DO NOT SIGN THIS FORM IF YOU HAVE TAKEN MEDICATIONS WHICH MAY IMPAIR YOUR MENTAL ABILITIES OR IF YOU FEEL RUSHED OR UNDER PRESSURE.

**I have carefully read the above safety instructions and precautions for the infrared sauna session. I fully understand them and fully agree to comply with instructions. I have stated all conditions that I am aware of and this information is true and accurate to the best of my knowledge. I acknowledge that this information is confidential and intended for review by LaVida Massage, that a medical referral may be requested of me and that LaVida Massage is not liable for any injury or the management of any condition.**

I certify that I have read the foregoing, discussed the issues noted above, had opportunities to ask questions, and agree to and accept all the terms above.

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Please PRINT CLEARLY

If signing as a guardian for a minor, please indicate your name and relationship to the client:

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_