

Name \_\_\_\_\_

# *Far Infrared Sauna*

*All Questions Must be Answered*

Is there anything specific you would like to work on during the session? What are your long-range goals?

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## **CONTRAINDICATIONS**

Prior to having a Far Infrared Sauna it is important to read the following, since there are certain health contraindications:

- Pregnant and possible pregnant women should contact their physician prior to using the sauna. Excessive temperatures have a high potential for causing fetal damage during the early months of pregnancy.
- The use of alcohol, drugs or medications before or during the sauna session may lead to unconsciousness. One should not drink or use drugs prior to using the sauna.
- People suffering from obesity or with a medical history of heart disease, low or high blood pressure, circulatory system problems, or those persons with diabetes should consult a physician before sauna use.
- People using prescription medications should consult their physicians or pharmacist before using the sauna as some medications may induce drowsiness while other medications may affect heart rate, blood pressure and circulation.
- People with MS should sit in the sauna while it is warming up and increase duration gradually.

### **Please read below carefully before signing:**

*The purpose of Inside Out Restorative Spa and all our staff is to provide services, products and offer information to clients. Our services, products and information are for vocational and advocational self-improvement. We do not intend to treat, diagnose, prescribe or cure. All procedures are directed towards the establishment of this goal."*

***Because you must be aware of any existing physical conditions that I may have, I have honestly answered all above questions and am not intentionally withholding information about my health. I will inform IORS of any changes in my physical health. I am agreeing to the office policies and procedures of INSIDE OUT RESTORATIVE SPA***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_