

Name _____

Amethyst Bio Mat / Belt

All Questions Must be Answered

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

CONTRAINDICATIONS

Prior to using the Amethyst Bio Mat/Belt it is important to read the following, since there are certain health contraindications:

- If you are using prescription drugs, check with your physician or pharmacist for possible changes in the drug's effect due to an interaction with infrared energy.
- If you are taking corticosteroids, you may experience some redness of the skin. Should you experience redness, we recommend that you discontinue the use until you have completed your medication.
- According to some authorities, it is considered inadvisable to raise the core temperature of someone with severe adrenal suppression such as Addison's disease, systemic lupus erythematosus, or multiple sclerosis. This caution refers to the use of the highest, sauna level heat settings and not to the BioMat lower heat levels. For most patients with mild to moderate symptoms, the BioMat/Belt has been found to be safe and effective.
- In pregnancy or the suspicion of pregnancy, discontinuation of far infrared use is recommended.
- If you have a recent (acute) joint injury, it should not be heated for the first 48 hours or until the hot and swollen symptoms subside.
- If you have any concerns at all, do not attempt to self-treat any disease with Far Infrared without direct supervision of a physician.

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 IOR of any changes in my physical health. I am agreeing to the office policies and procedures of INSIDE OUT RESTORATIVE SPA

Signature: _____ Date: _____