

# Infrared Sauna Intake & Waiver

Infrared Sauna Therapy is an outstanding treatment modality and relaxation therapy for many people. There are, however, some people who should not use Infrared sauna at all and others who should use it with caution. The following check list helps you identify any considerations specific to you and requests you acknowledge and accept the risks inherent in the use of Infrared Sauna.

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Name (PLEASE PRINT)

Date of Birth

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Emergency Contact Name

Phone

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Have you used Infrared Sauna before?  YES  NO

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## CONTRAINDICATIONS:

Are you **Pregnant**?  YES  NO

Do you currently have a **fever, infection or injury**?  YES  NO

Have you recently had **high blood pressure, a heart attack or other cardiovascular problem**?

YES  NO

Do you have a history of **dizziness, fainting spells, heat sensitivity, narcolepsy, or seizures**?

YES  NO

Do you suffer from any **bleeding disorders**?  YES  NO

**If you answered YES to any of these questions it is not recommended that you use the infrared sauna at this time. We suggest that you consult your Primary Healthcare Physician to obtain a release form in order to utilize that Infrared Sauna.**

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## CAUTIONS:

1. **Have you been diagnosed with any other medical condition?**

YES  NO

If yes, which condition? \_\_\_\_\_

▪ Have you consulted your doctor regarding your ability to use infrared sauna?

YES  NO

(It is recommended that you consult with your doctor before using the infrared sauna).

2. **Are you on any medications?**  YES  NO

(It is recommended that you consult with your doctor before using the infrared sauna).

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

## RECOMMENDATIONS:

- Sauna sessions should be limited to no more than 30 minutes and temperatures must be below 150 degrees Fahrenheit.
- It is always important to maintain proper hydration levels during the infrared therapy. Dehydration will actually increase carbohydrate utilization and cause less fat to be burned for energy. We highly recommend drinking a minimum of 6 oz of water prior to entering the sauna and a minimum of 12 oz of water after sauna use. Water cups are not allowed in the sauna.
- Please consult your physician if you are in doubt regarding your ability to use the infrared sauna for health reasons.

By signing below, I acknowledge and accept the risks inherent in the use of the Infrared Sauna. I voluntarily assume the risk of injury, accident or death, which may arise from the use of infrared Sauna. I and any of my heirs, executors, representatives or assigns hereby release from all claims or liabilities for personal injury or property damages of any kind sustained while on the premises. During the use of the Infrared Sauna and from any advice provided by an employee, independent contractor or any

representative. I agree that this Intake form and Waiver is in effect for all Infrared Sauna sessions and will not expire unless requested by either party.

Evergreen Massage & Wellness, and its representatives, including but not limited to Independent contracted massage therapists and all employees, does not provide medical advice or diagnose. Infrared Sauna use may or may not be appropriate for you. Please consult with your healthcare provider for medical advice. The information is for general information purposes only and does not address individual circumstance's or medical conditions. Do not attempt to self-treat any disease with an Infrared Sauna.

**CANCELLATION POLICY:**

I understand that Evergreen Massage & Wellness has a cancellation policy that requires a 24-hour notice. Failure to provide this notice will result in the loss of a prepaid session or the full amount will be charged to the credit card on file for the missed session. By signing below, I accept this policy and understand that there will be No exceptions made for any reason.

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**Patient's Signature** **Date**

