

**INFRARED SAUNA HISTORY AND RELEASE**

Name: \_\_\_\_\_ Case #: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Do you have any of the following (conditions that may be adversely effected by Infrared heat therapy):

You are using any prescription drugs that can be effected by body heat? \_\_\_\_\_

Do you have adrenal problems, systemic lupus erythematosus or multiple sclerosis? \_\_\_\_\_

Do you have a recent (acute) joint injury or a joint that are hot and/or swollen? \_\_\_\_\_

Do you have an enclosed infection? \_\_\_\_\_

Do you have abnormal blood pressure? \_\_\_\_\_

Are you pregnant or suspect you may be? \_\_\_\_\_

Do you have metal pins, rods, artificial joints or any other surgical implants? \_\_\_\_\_

Do you have diarrhea/looses stools? \_\_\_\_\_

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 Do you have any of the following? (conditions that have been benefited by Infrared Heat therapy):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Known toxins in your body             | <input type="checkbox"/> Weight problems                 | <input type="checkbox"/> Arthritis/joint stiffness, |
| <input type="checkbox"/> Cellulite                             | <input type="checkbox"/> Painful, spasm or stiff muscles | <input type="checkbox"/> Weak immune system         |
| <input type="checkbox"/> Poor skin tone                        | <input type="checkbox"/> Weak cardiovascular system      | <input type="checkbox"/> Get sick easy              |
| <input type="checkbox"/> TMJ,                                  | <input type="checkbox"/> Bursitis,                       | <input type="checkbox"/> Low Back Pain,             |
| <input type="checkbox"/> Disc-Protrusion,                      | <input type="checkbox"/> Neuralgia,                      | <input type="checkbox"/> Gout,                      |
| <input type="checkbox"/> Shoulder Pain,                        | <input type="checkbox"/> Compression Fractures,          | <input type="checkbox"/> Adhesion,                  |
| <input type="checkbox"/> Soft Tissue Injury,                   | <input type="checkbox"/> Whiplash                        | <input type="checkbox"/> Fibromyalgia.              |
| <input type="checkbox"/> Sciatica,                             | <input type="checkbox"/> Migraine Headaches,             | <input type="checkbox"/> Pain During Menstruation,  |
| <input type="checkbox"/> Neurodermatitis,                      | <input type="checkbox"/> Facial Paralysis                | <input type="checkbox"/> Neurasthenia,              |
| <input type="checkbox"/> Eczema,                               | <input type="checkbox"/> Psoriasis,                      | <input type="checkbox"/> Seboria,                   |
| <input type="checkbox"/> Acne                                  | <input type="checkbox"/> Boils,                          | <input type="checkbox"/> Menopause,                 |
| <input type="checkbox"/> Duodenal Ulcers,                      | <input type="checkbox"/> Insomnia,                       | <input type="checkbox"/> Hemorrhoids,               |
| <input type="checkbox"/> Cystitis,                             | <input type="checkbox"/> Cirrhosis of the Liver,         | <input type="checkbox"/> Gastritis,                 |
| <input type="checkbox"/> Hepatitis,                            | <input type="checkbox"/> Asthma,                         | <input type="checkbox"/> Bronchitis,                |
| <input type="checkbox"/> Chron's Disease,                      | <input type="checkbox"/> Keloids,                        | <input type="checkbox"/> Allergies,                 |
| <input type="checkbox"/> Constipation                          | <input type="checkbox"/> Insomnia,                       | <input type="checkbox"/> Spinal Cord Shock,         |
| <input type="checkbox"/> Middle-ear inflammation or infection, |  | <input type="checkbox"/> Sore throats               |
| <input type="checkbox"/> Tinnitus (ringing in the ears),       | <input type="checkbox"/> Nettle rash,                    | <input type="checkbox"/> Clogged pores,             |
| <input type="checkbox"/> Scars and pain from burns or wounds,  |  | <input type="checkbox"/> Lacerations,               |
| <input type="checkbox"/> Body odor,                            | <input type="checkbox"/> Eczema,                         | <input type="checkbox"/> Sunburn.                   |

I, the named above, understand that Infrared Sauna Heat is not a cure all, for all conditions, but that it is used in conjunction with other therapies and health suggestion to help my body heal quicker. If I have any problems during the therapy, I will let the Centre staff know immediately, before continuing with the therapy. I also understand and give my permission, that the information above can be used in research of the benefits of Infrared Sauna Heat therapy.

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