



Infrared Body Wrap Client Information Form

All information is confidential. It will not be shared with or sold to any other parties.

Name _____ Birthday _____
Address _____
City, State, Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email Address _____ @ _____
Please indicate the best way to reach you about your appointments _____
Would you like to receive texts or emails with confirmations/ reminders? _____
Would you like to receive texts or emails with specials or open appointments? _____
If yes to either question above, who is your mobile provider? _____
Who should we contact in case of emergency? _____ Phone _____
How did you hear about us? (Or who should we thank for referring you?) _____

Almost everyone can benefit from Infrared Body Wraps. However it is important to be aware that some medical conditions can be adversely affected by the use of Infrared Heat. If you have ANY of the following conditions, please circle them and do not try a Body Wrap without first getting clearance to do so from your doctor. As noted with an *, some of these conditions are contraindicated regardless of your doctor's permission. If **any** doubt exists, please talk to your doctor before scheduling an Infrared Body Wrap at A to Zen.

Pregnancy*
Open wounds*
Severe general infection*
Skin diseases*
Hemophilia*
Organ Transplants*
Fever*
Cancer

Shingles
Heart attack or heart disease
Medications that cause
Heat/sun sensitivity
High blood pressure
Chronic conditions
Recent surgery
Joint injury (in last 48 hours)

Severe varicose veins
Pace makers or Implants
Under 16/Over 75
Claustrophobia
Contact allergies* (Poison
ivy, sumac, oak, etc)

If you have high blood pressure, we ask that you begin slowly with shorter sessions and step out immediately if you begin to feel dizzy or light headed.

I understand that infrared heat body wraps are not a substitute for medical care and will seek care from a licensed medical provider when needed. I will also keep my A to Zen informed of any new conditions, injuries or illnesses that occur. By signing this form, I am giving my informed consent to receive infrared salt sauna treatments. Further, I agree to abide by the 24 hour cancellation policy for my appointments and agree to pay for any missed appointments or late cancellations.

Client Signature _____ Date _____

Office Use Only: TY _____ MBO _____ RC _____