



## Infrared Salt Sauna 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 or appointment reminders? \_\_\_\_\_  
Would you like to receive texts or emails with specials or open appointment times? \_\_\_\_\_  
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?) \_\_\_\_\_

Are you pregnant?	YES	NO
Do you have heart problems?	YES	NO
Do you have high blood pressure?	YES	NO

If you are pregnant or have heart problems, it is not advised for you to use the infrared salt sauna. 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 sauna therapy and salt therapy 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 \_\_\_\_\_