



Salt Therapy 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?) _____

Almost everyone can benefit from Salt Therapy. However it is important to be aware that some medical conditions can be adversely affected by the use of Salt Therapy. If you have ANY of the following conditions, please circle them and do not try Salt Therapy 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 a Salt Therapy Session at A to Zen.

Pregnancy	Stage 3 COPD*
Mental disorders	Fever*
Cancer	Heart attack or heart disease*
Organ Transplants	Active tuberculosis*
Recent surgery	Uncontrolled or severe high blood pressure*
Open wounds*	Acute kidney disease/kidney failure*
Severe general infection*	Cardiac insufficiency*
Contagious diseases*	Current smoker*

I understand that Salt Therapy is 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 salt therapy 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 _____