



Have you used an infrared sauna before? ☐ Yes ☐ No

Are you sensitive to heat? _____ or fainted from heat? _____

What is your goal for today's sauna session? Relaxation, Muscle recovery, Pain relief, Stress reduction, Detox support, Improved circulation _____

Have you eaten within the last 2 hours? _____

Are you well hydrated today? _____

Do you have high blood pressure or low blood pressure? _____

Do you have heart disease, congestive heart failure, or a pacemaker? _____

Have you had a heart attack or stroke in the past 6 months? _____

Are you pregnant or think you be pregnant? _____

Do you have multiple sclerosis, autonomic nervous system disorders, or another condition that affects your ability to regulate body temperature? _____

Do you have a seizure disorder? _____

Do you have kidney disease? _____

Diabetes? or reduced sensitivity on hands and feet? _____

Open wounds, burns, or skin infections? _____

Have you consumed alcohol or recreational drugs within the last 24 hrs. _____

Are you taking any medications that may cause dizziness or dehydration? _____

Have you had flu like symptoms in the last 24 hours? _____

Fever in the last 24 hrs? _____

During the Session *(Please read and check the boxes below and initial next to the box)*

- ☐ Do you understand that you should leave the sauna immediately if you experience dizziness, nausea chest pain, shortness of breath, or feel faint?
- ☐ Do you agree to inform your therapist immediately if you become uncomfortable?
- ☐ I understand that sauna therapy is intended for relaxation and wellness and is not a substitute for medical care.
- ☐ I understand there are risks associated with heat exposure, including dehydration dizziness, low blood pressure, and overheating.
- ☐ I understand I may stop the session at any time.
- ☐ I certify that the information I have provided is complete and accurate to the best of my knowledge.

Signature _____

Date _____