

NAVASHALOM

skin studio

IR DETOX INTAKE & CONSULTATION FORM

Circle One: Miss. Ms. Mrs. Mr. Dr.

Date: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ *Mobile: _____

Alternative Telephone: _____ Date of Birth: _____ Age: _____

*Email Address: _____

How did you hear about NAVASHALOM SKIN STUDIO? _____

LIST ANY CURRENT MEDICATIONS AND SUPPLEMENTS:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Have you ever used an infrared sauna before? **YES NO**
2. Are you pregnant? **YES NO** If so, how far along are you?
4. Diagnosed with any medical condition, such as Anhidrosis, that may limit or prevent your ability to sweat? **YES NO**
5. Do you have unstable angina? **YES NO**
6. Have you had a recent heart attack? **YES NO**
7. Do you have severe arterial disease? **YES NO**
8. Have you been diagnosed with any other medical condition? **YES NO**

If "yes", please explain your condition:

If you answered "yes" to any of the above questions; have you consulted with your medical provider about using a far infrared Sauna? (Prior consultation is recommended). **YES NO**

It is always important to maintain proper hydration levels during far infrared therapy. Dehydration will increase carbohydrate utilization and cause less fat to be burned for energy. We highly recommend drinking a minimum of 8 oz. of water prior to using the sauna blanket, and a minimum of 1 liter of water after sauna use.

ACKNOWLEDGEMENTS

1. The use of drugs, medication or alcohol prior to or during the sauna session may lead to dizziness or unconsciousness.
2. Please consult your physician if you are in doubt of your ability to use the far infrared for health reasons.
3. No one under the age of 18 is permitted in the far infrared sauna unless accompanied by a supervising adult.
4. Discontinue the use of the sauna if you feel light-headed, dizzy or heat exhausted.

ACKNOWLEDGEMENTS, CONT'D.

5. Sauna sessions should be limited to no more than 45 minutes and temperatures must stay below 150 degrees Fahrenheit.
6. Water bottles are not permitted in the sauna.
7. Clients using any medications must consult a physician or pharmacist prior to the use of the sauna.
8. Pregnant women should consult their physician prior to the use of the sauna. Excessive body temperatures have a potential for causing fetal damage during the early days of pregnancy.

CONTRAINDICATIONS

- *Medications*: Individuals who are using prescription drugs should seek the advice of their personal physician or a pharmacist for possible changes in the drugs effect when the body is exposed to infrared waves or elevated body temperature. Diuretics, barbiturates and betablockers may impair the body's natural heat loss mechanisms. Anticholinergics such as amitriptyline may inhibit sweating and can predispose individuals to heat rash or to a lesser extent, heat stroke. Some over-the-counter drugs, such as antihistamines, may also cause the body to be more prone to heat stroke.
- *Children*: The core body temperature of children rises much faster than adults. This occurs due to a higher metabolic rate per body mass, limited circulatory adaptation to increased cardiac demands and the inability to regulate body temperature by sweating. When using with a child, operate at a lower temperature and for no more than 15 minutes at a time.
- *The Elderly*: The ability to maintain core body temperature decreases with age. This is primarily due to circulatory conditions and decreased sweat gland function. The body must be able to activate its natural cooling processes in order to maintain core body temperature. When using with the elderly, operate at a lower temperature and for no more than 15 minutes at a time.
- *Cardiovascular Conditions*: Individuals with cardiovascular conditions or problems (hypertension / hypotension), congestive heart failure, impaired coronary circulation or those who are taking medications which might affect blood pressure should exercise caution when exposed to prolonged heat. Heat stress increases cardiac output and blood flow in order to transfer internal body heat to the outside environment via the skin (perspiration) and respiratory system. This takes place primarily due to major changes in the heart rate, which has the potential to increase by thirty (30) beats per minute for each degree increase in core body temperature.
- *Alcohol / Alcohol Abuse*: Contrary to popular belief, it is not advisable to attempt to "sweat out" a hangover. Alcohol intoxication decreases a person's judgment; therefore, he/she may not realize when the body has a negative reaction to high heat. Alcohol also increases the heart rate, which may be further increased by heat stress.
- *Chronic Conditions / Diseases Associated with a Reduced Ability to Sweat or Perspire*: Multiple Sclerosis, central nervous system tumors and diabetes with neuropathy are conditions that are associated with impaired sweating.
- *Hemophiliacs / Individuals Prone to Bleeding*: The use of infrared saunas should be avoided by anyone who is predisposed to bleeding.
- *Fever*: An individual who has a fever should not use an infrared sauna until the fever subsides.
- *Insensitivity to Heat*: An individual with insensitivity to heat should not use an infrared sauna.
- *Pregnancy*: Pregnant women should consult a physician before using an infrared sauna.
- *Menstruation*: Heating of the low back area of women during the menstrual period may temporarily increase their menstrual flow.
- *Joint Injury*: If you have a recent (acute) joint injury, it should not be heated for the first 48 hours after an injury or until the swollen symptoms subside. If you have a joint or joints that are chronically hot and swollen, these joints may respond poorly to vigorous heating of any kind.
- *Implants*: Metal pins, rods, artificial joints or any other surgical implants generally reflect infrared waves and thus are not heated by this system. Nevertheless, you should consult your physician prior to using an infrared sauna.

CONSENT AND SIGNATURE

Future Appointments/Contact:

May I call you at your home, work, or cell phone number to confirm future appointments? **No Yes**

May I contact you via mail/email about future promotions and news? **No Yes**

Do you understand that certain services/procedures are followed by a period of healing before the tissue returns to normal and the final result is apparent? **Yes No**

Do you understand that the objective of any cosmetic service/procedure is an improvement not perfection? **Yes No**

Does NAVASHALOM SKIN STUDIO have permission to photograph you for the sole purpose of anonymously documenting the progress of your treatment? **Yes No**

Does NAVASHALOM SKIN STUDIO have permission to photograph you for anonymous Social Media sharing purposes? **Yes No**

I understand and have completed this questionnaire fully and to the best of my ability. I agree that it constitutes full disclosure, and that it suspends any previous verbal or written documents. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. The treatments I receive here are voluntary and I release this institution and/or care professional from liability and assume full responsibility thereof.

Client Signature Date

Parent/Guardian Signature (If under the age of 18) Date

Esthetician Signature Date