

TEXAS LAST DIET

INFRARED SAUNA INTAKE FORM

Name: _____ Cell Phone: _____

Address: _____

Email: _____ DOB: _____ / _____ / _____

How did you hear about us? _____

Emergency Contact: _____ Phone: _____

Indicate your main health concerns in order of importance to you:

1. _____ Since when? _____

2. _____ Since when? _____

3. _____ Since when? _____

4. _____ Since when? _____

List any medication and / or supplements you are taking:

Medication _____ Supplements _____

1. _____ 1. _____

2. _____ 2. _____

3. _____ 3. _____

4. _____ 4. _____

How much water do you consume per day? _____

How easily do you sweat? very easily average rarely

The following list is considered conditions or factors that serve as a reason to withhold use of the Infrared Sauna due to the harm that it would cause you, the client (known as contraindications). Please Indicate below if any of the following apply to you:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you have uncontrolled high blood pressure? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 2. Do you suffer from Congestive Heart Failure? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 3. Are you presently intoxicated with increased consumption of alcohol? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 4. Do you suffer from Parkinson's or Multiple Sclerosis? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 5. Do you suffer from a Central Nervous System Tumor or Diabetic Neuropathy? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 6. Are you pregnant? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 7. Do you have a fever? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 8. Have you had a recent joint injury (past 48 hours) that is still hot & swollen? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 9. Do you have a pacemaker or defibrillator? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 10. Do you have any cancers? | <input type="checkbox"/> yes | <input type="checkbox"/> no |

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE CONSULT WITH YOUR DOCTOR BEFORE USING THE INFRARED SAUNA.

Please Indicate below if any of the following apply to you:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Are you currently taking diuretics, barbiturates, beta-blockers or antihistamines? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 2. Are you under the age of 16 or over the age of 65? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 3. Are you currently having a heavy menstrual period? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 4. Do you have a metal pin, rod, artificial joint or any other surgical implants? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 5. Do you have a hard time breaking a sweat? | <input type="checkbox"/> yes | <input type="checkbox"/> no |

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, YOU NEED TO BE CAUTIOUS DURING YOUR SESSION. PLEASE SLIGHTLY OPEN THE DOOR OF THE SAUNA TO ALLOW COOL AIR TO COME IN IF YOU ARE TOO HOT. WE WILL SET YOUR FIRST SESSION AT A LOWER TEMPERATURE UPON REQUEST.

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INFRARED SAUNA DISCLAIMER / WAIVER

I, the undersigned, consent to the Infrared Sauna Treatment and clearly confirm that I do not have any contraindications to the Infrared Sauna Treatments.

I understand that:

- these sessions are for the purpose of detoxification
- these sessions are not intended to take place of medical care or medications
- I can discontinue my treatments anytime
- I take full responsibility for my own health and well-being
- I agree to pay my account in full before every session

By signing below, I agree that:

- I will disclose to Texas Last Diet if my medical health history should happen to change during the time-period of receiving Infrared Sauna Treatments
- I have read the above disclaimer, including all cautions and contraindications for the use of the Infrared Sauna
- I am not currently suffering with any of the above-mentioned contraindications
- I have read the recommendation sheet
- I have been informed about the fees
- I have had the opportunity to ask any questions about this form's content and by signing below I agree to disclaim Texas Last Diet, its owner and its members from any liability in connection with the use of the Infrared Sauna.

_____ (initial) I understand that ALL SALES ARE FINAL and NON-REFUNDABLE. We reserve the right to terminate any client's sessions, package or contract without refunding any monies if the client has broken any terms or policies.

POLICIES AND TERMS AGREEMENTS

Cancellation Policy

We require a 24-hour cancellation notice.

_____ (initial) If I cancel within 24 hours of a reserved session, I will lose or forfeit my session.

_____ (initial) If I cancel within 24 hours of a reserved session, I will incur a \$15 no-show fee.

_____ (initial) If I fail to show or am more than 5 minutes late, I will lose my session and a \$15 no-show fee will be incurred.

Client Printed Name: _____

Client Signature: _____

Date: _____ / _____ / _____