



SAUNA PERSONAL HEALTH INFORMATION

Name: _____ Date: _____ Referred by: _____

Address: _____ Phone: _____

City/State/Zip: _____ Birthday: _____

Email: _____ Occupation: _____

Emergency Contact: _____ Their Phone: _____

Would you like to receive our quarterly newsletter? Yes / No by mail or email

Have you ever had an infrared sauna session? Yes / No

If yes, when was your last session? _____

How are you feeling emotionally today? _____

What results do you want from your sauna session(s)? _____

List stress reduction and exercise activities. Include frequency. _____

List current medications, including aspirin, ibuprofen, etc. _____

If female, is there a possibility that you might be pregnant? Yes / No

BODY'S CURRENT STATE AND HISTORY:

Surgeries w/ date(s): _____

Accidents and/or serious injuries w/ date(s): _____

Any known Medical Conditions(s): _____

RELEASE OF LIABILITY: I understand that infrared saunas do not cure illness, disease, or any physical or mental disorder. Using the sauna at TPP, I understand that I am applying for the use of an instrument that puts my body into an extreme heat condition which may involve physical, emotional, and/or mental stimulus and there may be a risk involved. I agree to assume the risk and responsibility for any injuries or damages suffered by me arising out of my participation. I have stated all medical conditions that I am aware of and will update TPP of any changes in my health status.

I have read and understand the above statements.

Signature: _____ Date: _____