

sauna therapy consent form



general information

Title: _____ Surname: _____ First Name: _____

Address: _____ Postcode: _____

Phone (H): _____ (W): _____ (M): _____

E-mail address: _____ Date of Birth: ____ / ____ / ____

Emergency Contact: _____ Phone: _____

Referred by (please circle): PF Staff Member / Medical Practitioner / Social Media / Website / Walk-in / Other

Details: _____

sauna precautions & contraindications

Please note the following listed conditions are considered contraindications for the use of Infrared Saunas. Severe medical conditions will require a note of authorisation from your doctor prior to the use of the Infrared Sauna.

- **Medications** – Diuretics, barbiturates, blood thinners and beta-blockers 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.
- **Pregnancy** – If pregnant you are not permitted to use our sauna.
- **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 an effort 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** – 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. Clients who appear intoxicated or inform us of alcohol consumption prior to use of the sauna will forfeit their scheduled appointment and no refund or credit will be issued.
- **Chronic Conditions/Diseases associated with reduced ability to sweat or perspire** – Multiple Sclerosis, Central Nervous System tumours and Diabetes with neuropathy are conditions that are associated with impaired sweating.
- **Hemophiliacs** – 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.
- **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.
- **Pacemakers/Defibrillators** – The magnets used to assemble infrared saunas can interrupt the pacing and inhibit the output of pacemakers. Please discuss with your doctor the possible risks this may cause.

Please indicate if any of the following apply to you:

	YES	NO
Are you currently pregnant?		
Do you currently have or have a history of any heart or cardiovascular condition (including heart attack)?		
Do you have high blood pressure?		
Do you have a medical condition that inhibits your ability to sweat (ie. Multiple Sclerosis, Anhidrosis)?		
Do you have a Pacemaker / Defibrillator?		
Are you currently using medication such as diuretics, barbiturates, blood thinners, antihistamines and/or beta-blockers?		
Do you have a recent (within 48 hours) joint injury or chronically hot/swollen joints?		
Do you have a fever or a condition that makes you insensitive to heat?		
If you answered YES to any of the above, have you consulted with a medical practitioner about using an infrared sauna?		

If you do have a medical condition, please consult with your doctor if in any doubt about your safety. While our staff have been trained to know where risks might lie for certain populations, or for certain disorders, it is always recommended to double-check your particular situation with your GP.

client information

Please read the following information carefully before signing.

1. Informed Consent

- 1.1 I have read the advisements and contraindications for Infrared Sauna use. I have no conflicts for use as described in the advisements and contraindications, or I have provided a doctor's release authorising use. I consent to the Infrared Sauna session and confirm that I am at least 18 years of age.
- 1.2 I understand that this is not intended to take the place of medical care or medications. I clearly confirm that I have read the advisements and contraindications, and that I do not have any contraindications to the Infrared Sauna. I understand that I take full responsibility for my own health and well-being.
- 1.3 I understand that the services I am receiving are not intended to treat any medical condition or take the place of medical care or medications. **I release Peak Fitness & Health Ltd** from all liability associated with using the Infrared Sauna.

2. Policies on fees & disclosed information

- 2.1 I understand that appointments not attended or cancelled with less than 12 hours' notice may incur a charge and that payment is required at the time of consultation.
- 2.2 I have disclosed any past or current illness, surgery, previous trauma, medications, drug use and any known health risks in the forms provided.

3. Infrared sauna use agreement

- 3.1 Discontinue the use of the sauna if you experience any pain and/or discomfort, or feel light-headed, dizzy or heat exhausted.
- 3.2 Clients are required to shower both before and after their sauna session.
- 3.3 Clients are required to sit on a clean towel during their sauna session.

Client Name: _____ Date: _____

Signed: _____