



Complete Balance Health Centre

2896 Bloor Street West
 Toronto, ON, M8X 1B5
 (416) 769-1163

Today's Date: _____

IF YOU ARE AN EXISTING PATIENT, PLEASE COMPLETE PART B

PART A:

First Name				Last Name			
Address				City			Postal Code
DOB				Occupation			
H Telephone			Cell			W Telephone	
E-mail							

Physician: _____ **Address:** _____ **Phone:** _____

Employer: _____ **Address:** _____

Name of Guardian if Applicable: _____

Emergency Contact: _____ **Relation:** _____ **Phone:** _____

Lifestyle:

Coffee No Yes _____ cups/day Cigarettes No Yes _____ x/day

Tea No Yes _____ cups/day Alcohol No Yes _____ x/week

_____ No Yes _____ cups/day Exercise No Yes _____ x/week

What type of exercise: _____

Are you currently using any Vitamins/ Herbal Supplements? No Yes

What type and dosage: _____

Do you have a history of?

- stress
- depression
- bipolarity

Have you received the following services before?

- massage therapy
- chiropractic
- naturopathy
- foot care
- orthotics
- psychotherapy

What level of care are you interested in pursuing?

- symptom relief only
- preventative and maintenance care

How did you hear about us?

Friend Internet Phone Book Sign Other: _____

PART B:

Instructions:

1. Please read this form and sign/date at the bottom of this page. Your appointment is for 60 minutes. This includes 45 minutes of infrared sauna therapy and 15 minutes to shower and dress.
2. Please adhere strictly to this time frame, as the next patient will enter the room promptly at his/her scheduled time.
3. If you experience symptoms such as dizziness or nausea, you must come out of the sauna immediately and notify the receptionist using the communication device provided.
4. For optimum results, refrain from using the sauna on a full stomach.

Infrared Sauna Intake

It is always important to maintain proper hydration levels during far infrared therapy. Dehydration will actually decrease carbohydrate utilization and cause less fat to be burned for energy. We highly recommend drinking a minimum of 4 oz. of water prior to entering the sauna, and a minimum of 8 oz. after sauna use.

Contraindications:

If you have been diagnosed with, or suspect any of the following disorders, infrared sauna therapy may not be appropriate for you. **Please check any of the following that you have/had:**

- Adrenal Disease
- Systematic lupus erythematosus
- Cancer
- Multiple sclerosis
- Diabetes
- Congestive heart failure
- Hyper/hypotension (low or high blood pressure)
- Fever.
- Heart Disease
- Pace Maker
- Breast Feeding
- Unable to sweat
- Recent (acute, within 48 hours) joint injury
- Chronically hot and swollen joints
- Enclosed infections (dental, in-joints or any other tissue).
- Pregnancy or suspected pregnancy
- Metal pins, rods, artificial joints or any other surgical implant
- Hemophiliacs, anyone predisposed to hemorrhage or on blood thinners

Are you currently on any medications?

No

Yes

If yes, please list: _____

Have you ever been diagnosed with any other medical condition?

No

Yes

If yes, which condition? _____

Far Infrared Sauna Agreement/Acknowledgment

1. The use of drugs, medication or alcohol prior to or during the sauna session may lead to dizziness or unconsciousness. Clients using any medications must consult a physician or pharmacist prior to use of the sauna.
2. Please consult your physician if you are in doubt regarding your ability to use the far infrared sauna 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.
5. 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 weeks of pregnancy.

I have read this form in its entirety and agree to the terms and conditions of the infrared sauna use.

Name (please print): _____

Signature: _____

Date: _____