PERSONAL HISTORY INTAKE FORM AND DISCLAIMER

Name.....Phone.....
Birthdate.....

Address.....City.....St.....
.....Zip.....

Email.....
.....

Referred by.....

General & Medical Information: Age.....

Circle Yes or No.

Yes No Do you suffer from either hyper or hypo Thyroid? (Circle one)

Yes No Do you have any kidney issues?

Yes No Are you currently using any form of Chemotherapy?
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You may experience a dry throat and increased coughing after your first session. This is a natural part of the clearing process of the respiratory system. The pollution which has accumulated over time is being released by the salt and is then expelled from within the deepest regions of the lungs. I understand that Salt Therapy Session should not be construed as a substitute for medical examination, diagnosis or treatment and that should I see a physician, or other qualified medical specialist for any mental or physical ailment of which I am aware. Salt Therapy should not be performed under certain medical conditions. I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

NO ELECTRONICS ARE ALLOWED IN THE SALT CAVE!

Our cave is video monitored 24/7 for the purpose of securing the safety of all our guests during their visit. Please do not touch the walls, water features, or other items in the cave unless otherwise advised. Children must be supervised at all times while in the cave. They are not allowed near the water feature. They may not climb on the walls. Thanks you for upholding our policy!

Signature.....Date.....