



Client Intake Form – Far Infrared Amethyst BioMat

Personal Information:

Name _____ Phone (Day) _____

Address _____ Phone (Eve) _____

City/State/Zip _____

Email _____ Date of Birth _____ Occupation _____

Emergency Contact _____ Phone _____

Date of Initial Visit _____ How did you hear about us? _____

Please answer the questions to the best of your knowledge. This information will be used to provide safe and effective BioMat sessions.

- 1) Have you ever used far infrared heat, including FIR Sauna? Yes No
- 2) If yes, how often do you receive infrared therapy? _____
- 3) Do you have any particular goals in mind for this BioMat session? Yes No
If yes, please explain _____

Cautions:

- ✓ If you currently have a medical condition or are using prescription drugs, please consult with your physician or pharmacist before using the BioMat.
- ✓ If you have a recent (acute) joint injury, it should not be heated for the first 48 hours or until the hot and swollen symptoms subside.
- ✓ Those with surgical implants, such as: metal pins, rods or artificial joints should stay below 110°, and discontinue use if pain is experienced near the implant. Implanted silicone is not affected by infrared rays.
- ✓ Pacemakers: Generally OK at lowest settings (maximum temperature: 104°).
- ✓ People who are Hemophiliacs should avoid the use of any type of heat.

24 hour advance notice is required when cancelling an appointment. This allows the opportunity for someone else to schedule an appointment. If you give less than 24 hours notice or miss an appointment, you will be charged the full price of the session. If you have a prepaid package your session will be forfeited.

I have read and understand all the terms and conditions stated above.

Signature _____ **Date** _____