



OFFICE USE ONLY
Data Entry Date: ___ / ___ / ___
Entered by: _____

Today's Date: ___ / ___ / ___

Client Name: _____ Date of Birth : ___ / ___ / ___ Age: _____
Last First

Parent / Guardian's Name (for client ONLY if under age 12): _____
Last First

Address: _____
Street / Apt # City State Zip Code

Home phone: _____ Cell Phone: _____ Cell phone provider (Co.name): _____

Email: _____ Email recipient name: _____
Please PRINT CLEARLY

Their name(s):

Check / circle your relationship to client:

- Parent / Step-Parent / Grandparent / Guardian
Partner / Spouse
Child / Step-Child
Friend / Acquaintance / Referral
Sibling / Step-Sibling
Other family member (please specify): _____
Other (please specify): _____

How did you hear about us? Please check one.

Magazine/Newspaper Online Deal Current Client/Patient (Name): _____ Other: _____

Were you referred by a Doctor? No Yes Name of Doctor: _____

List specific doctor recommendations for Salt Therapy treatment: _____

Reason for Salt Therapy use (check all that apply):

- Allergies (seasonal, environmental)
Asthma
COPD (Chronic Obstructive Pulmonary Disease)
Emphysema
Cold, flu, bronchitis, pneumonia prevention
Cold, flu, bronchitis, pneumonia recovery
Sinus Issues
Immune System Support
Skin Issues

- Optimize breathing for athletic activity
Optimize breathing for singing or playing wind instruments
Snoring
Offset influence of air pollution
Offset influence of electronic pollution
General Respiratory Hygiene
Relaxation and Stress Relief
Other: _____

Personal Respiratory History (check all that apply):

- Allergies (seasonal, environmental): _____ Chronic sinus / ear infections
Asthma Chronic ear, nose and throat problems
COPD (Chronic Obstructive Pulmonary Disease) Other: _____

Have you had a fever in the last 24 hours? NO YES

Consent and Release for Salt Therapy

Check any symptoms you are currently experiencing.

- Acute stage of respiratory diseases Cardiac Insufficiency Spitting of blood
COPD in 3rd stage Uncontrolled Hypertension Bleeding
Intoxication Any internal diseases in acute stage

By initialing here, I confirm that I DO NOT have any of the above conditions: Initial Here _____

Smoking Policy: For the welfare of other clients, we respectfully ask current smokers to decline from making Salt Therapy appointments. Third-hand smoke can be dangerous for other clients with severe respiratory issues. If you have quit smoking and have continued not to smoke for at least two weeks we will gladly accommodate you in the salt rooms.

Are you a smoker? Yes No Have you smoked in the last 2 weeks? Yes No Initial Here _____

Salt Therapy (also known as Halotherapy) is a passive respiratory therapy wherein the client inhales dry salt air, emitted by a machine known as a halogenerator. The aerosolized salt is drawn into the sinus cavities and bronchial passages through normal breathing, potentially relieving inflammation and other respiratory symptoms associated with conditions such as allergies, asthma, etc.

Salt Therapy is neither a medical treatment nor a replacement for medical care. If you have a medical condition that requires treatment, you should consult your primary care physician. Always consult your primary care physician before making any adjustments to your medication schedule. The staff make no medical recommendations or medical advice regarding any illness or condition.

The halogenerators are not approved by the federal Food and Drug Administration (“FDA”) as medical devices for diagnosis or treatment of any disease or condition. They are approved for sale in the United States as air filtration devices.

Severe Allergy, Asthma and COPD Clients

If you suffer from severe allergies, asthma or COPD you may need a gradual introduction to Salt Therapy. It is important to set your own pace in this therapy. If at any time during your Salt Therapy sessions you feel especially uncomfortable, and are having difficulty breathing, you are advised to step out of the salt room and seek out a staff member for assistance. We will work with you to schedule your Salt Therapy sessions considering your condition and reaction.

Release; Assumption of Risk; Consent to Participation

Salt Therapy is not intended to diagnose, treat, cure, mitigate, or prevent any disease. I understand that it is my responsibility to consult my primary care physician or appropriate, licensed health care practitioner for all my health concerns. I understand that **no representations, claims or guarantees are being made as to any medical or therapeutic benefit.**

For good and valuable consideration, the receipt of which is hereby acknowledged, **I hereby release, indemnify, defend, protect, and hold harmless** the _____, and all its employees, independent contractors, shareholders, officers, members, agents, and affiliates (collectively, the “Released Parties”) from any and all claims I may have against them relating to my participation in Salt Therapy. **I knowingly, voluntarily, and expressly assume all risk of participation in Salt Therapy** and agree not to bring any legal claim against any of the Released Parties based on such participation.

NOTE: DO NOT SIGN THIS FORM UNLESS YOU HAVE READ AND FEEL YOU UNDERSTAND IT. PLEASE ASK ANY QUESTIONS YOU HAVE BEFORE SIGNING THIS FORM. DO NOT SIGN THIS FORM IF YOU HAVE TAKEN MEDICATIONS WHICH MAY IMPAIR YOUR MENTAL ABILITIES OR IF YOU FEEL RUSHED OR UNDER PRESSURE.

I certify that I have read the foregoing, discussed the issues noted above, had opportunities to ask questions, and agree to and accept all the terms above.

Client Name: _____ **Date:** _____
Please PRINT CLEARLY

Signature: _____

If signing for someone else, please indicate your name and relationship to the client:

Name: _____ **Relationship:** _____

OFFICE USE: Witness (staff): _____ Date: _____

- ☑ All clients must fill out **an intake form and receive an orientation** prior to attending their first Salt Therapy session. **The spa is for non-smokers only.** clients must not have smoked for at least two weeks prior to attending Salt Therapy sessions in our facility. This policy is in place to prevent exposing sensitive clients to third-hand smoke.
- ☑ **You are responsible for your personal items.** We do have personal cubbies, but they do not lock. We suggest that you leave all personal items in your car as we will not be responsible for any lost, damaged, or stolen items.
- ☑ Dress in comfortable clothing - salt dust is harmless and can be brushed off and/or washed out of clothing.
- ☑ Please **sign in** when you arrive for your sessions.
- ☑ Please arrive 5-10 minutes prior to your session start time to prepare (use restroom, store belongings, adjust clothing and footwear, find reading materials, secure your spa seat, etc.).
- ☑ Adult sessions begin promptly on the hour. Children's sessions begin promptly on the half hour. **Once a session has begun, we discourage clients from entering the salt rooms** so as not to disturb seated clients. Latecomers will be booked in the next available session.
- ☑ Use of the **must be avoided during the acute or contagious phase of any illness**, including , colds, flu, infections with a fever, acute active tuberculosis, cardiac insufficiency, COPD in 3rd stage, spitting of blood, alcohol or drug intoxication, unstable or uncontrolled hypertension and acute stages of respiratory diseases.
- ☑ **Clean socks or shoes are required** in the salt rooms at all times. No bare feet are allowed!
- ☑ **Foot covers are required (and provided) in the Kid's Salt Room.** Foot covers are optional in the Adult Salt Room and are available upon request.
- ☑ Please keep and reuse foot coverings for your Salt Therapy sessions. If they wear out, we will gladly replace them.
- ☑ In order to maintain a spa environment we suggest that you use your time in the room to **read, sleep or meditate.** You may bring the following items: book, magazine (no perfumed ads), tissues, ear plugs, small head pillow, light blanket, or a small towel to cough into if needed. Reading lights are available upon request. No other items are allowed in the spa. If you have a personal need that is not on this list please speak to a attendant.
- ☑ The salt rooms are **electronic free zones.** Kindly turn off your devices and leave in your car or in your cubby.
- ☑ **No food or drinks** are allowed in the salt rooms.
- ☑ Thank you for understanding that you may experience a **symphony of sounds** coming from other clients during Salt Therapy sessions. Please do your best to accept and associate these sounds as signs of healing! Feel free to bring earplugs or ask for a complimentary pair from our staff.

In Consideration of Others

- ☑ Unless there is an emergency, please do not leave the salt room while a session is in progress.
- ☑ Please **keep voices low** in the entrance hallway and please **refrain from talking inside the adult salt room.**
- ☑ **Do not use any perfumes, lotions, or any kinds of fragrances** when you attend a session.
- ☑ If you experience excessive coughing, kindly **cough into a towel** to help muffle the sound.
- ☑ If you are prone to **excessive snoring**, we encourage you to sit more upright, try to stay awake, and take deeper breaths during your treatments. This will help to reduce snoring.
- ☑ Please **refrain from shuffling papers** while in session.
- ☑ Please let us know as soon as possible if you are unable to make it to a scheduled Salt Therapy session.

Additional Etiquette for the Kid's Salt Room

- ☑ **Children 12 and under** must have an adult guardian present at all times while in the Kid's Salt Room.
- ☑ **Each adult guardian** must fill out an intake form and receive an orientation.
- ☑ **Foot covers must be worn at all times** in the Kid's room, with the exception of infants. Foot covers are supplied by the - please keep foot covers with you between sessions and bring them to each salt session. Please use your foot covers for as long as possible before requesting a new set.
- ☑ **Use inside voices** both inside the salt room and in the hallway.
- ☑ **Please play with the salt**, but do not throw it. **Please clean up** toys/books at the end of your session.

I have read and I understand the

Etiquette. Name (print) _____

Initial Here _____