

Blissful Journey Day Spa

Infrared Sauna Consent & Medical Intake Form

Client Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Medical Information & Health History

Please check the box and initial if any of the statements below apply to you.

- _____ Heart disease / cardiovascular issues
- _____ High or low blood pressure
- _____ History of stroke or heart attack
- _____ Respiratory conditions
- _____ Diabetes
- _____ Kidney disease
- _____ Neurological conditions
- _____ Pregnancy or trying to become pregnant
- _____ Heat sensitivity
- _____ History of fainting or dizziness
- _____ Skin conditions aggravated by heat
- _____ Implants
- _____ Recent surgery
- _____ Autoimmune disorder
- _____ Severe allergies

Infrared sauna therapy can support relaxation, circulation, and overall wellness when used properly. To ensure safety, clients should follow all guidelines and consult a

physician if they have any medical conditions.

Hydration is essential before, during, and after each session, as sauna use increases sweating and may lead to dehydration, dizziness, or changes in blood pressure. Exit the sauna immediately if you feel unwell.

Children and elderly individuals should use the sauna with supervision and caution.

Most implants are not affected by infrared heat, though slight warming may occur. When in doubt, consult your healthcare provider.

Use care when entering and exiting the sauna to prevent falls. By using the sauna, clients acknowledge and accept these safety guidelines.

A red emergency button is located outside of the sauna and is provided for your safety. If you feel unwell or need assistance at any time, please press the button immediately.

I have read and understand the information provided above and agree to follow all safety guidelines.

Signature: _____ Date: _____

Liability Release

By signing, I understand that all services at Blissful Journey Day Spa – Including those provided by its owner, employees, and independent contractors – are for relaxation and wellness and are not a substitute for medical care. I understand that choosing to receive services is my own responsibility and I am responsible for any medical events or conditions that occur before, during, or after my appointment. I confirm that I've shared all relevant health conditions, medications, allergies, and concerns, and I agree to update the spa if anything changes before future visits. I voluntarily accept all risks related to the services I receive and release Blissful Journey LLC, employees and independent contractors from liability for any injury or discomfort.

Client
Signature: _____ Date: _____

Print Name: _____

Guardian Signature (If under 18): _____ Date: _____