

Integrative Health Institute: Informed Consent, Sauna Treatment

PLEASE NOTE THAT THIS FORM MUST BE SIGNED
PRIOR TO YOUR 1ST APPOINTMENT

It is very important that you inform your naturopathic doctor of any conditions you may have before beginning sauna treatments. Particular care must be taken if you have any cardiovascular conditions, metal implants, pacemakers, cancer, asthma, skin lesions or are pregnant or suspect you may be pregnant.

I, _____ understand that the infrared sauna is a detoxification tool. Usage may result in an exacerbation of some symptoms. The infrared sauna is a gentle, non-invasive method to promote detoxification and support the body's immune system. It is intended to be used as an adjunctive therapeutic tool and carries no guarantees with respect to the resolution of specific health concerns.

I understand that no claims, promises, or guarantees are being made through the use of the infrared sauna. I accept full responsibility for the risk and effectiveness of this treatment.

I have read this information and understand this consent to the use of the infrared sauna.

Patient Name: (Please print name): _____

Signature of Patient: _____ Date: _____