

Integrative Health Institute

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Sauna intake Form

Please complete the following form in order to provide us with the background information we require to ensure you receive comprehensive care.

Contact Information:

Name	_____	Occupation	_____
Gender (circle)	Male Female	Employer	_____
Date of Birth	_____	Work Phone #	() _____
E-mail Address	_____	Emergency Contact	_____
Home Phone #	() _____	Emergency Contact #	() _____
Cell	() _____	Contact Relationship	_____
Home Address	_____		

YES NO Can we send you our seasonal newsletter and monthly calendar of events via email. Your email address will not be shared.

How did you hear about the Integrative Health Institute? (If another person, please provide name)

How did you hear about hydrotherapy?: _____

Medical History: Please indicate if you suffer from any of the following conditions

Condition	Circle One	Condition	Circle One
Hypertension	Yes No	Pacemaker	Yes No
Asthma	Yes No	Implants	Yes No
Diabetes	Yes No	Auto-immune conditions	Yes No
Heart Disease	Yes No	COPD	Yes No
Cancer	Yes No	Skin Cancer	Yes No
Mental Illness	Yes No	Kidney disease	Yes No
Skin lesions	Yes No	Infertility	Yes No
Epilepsy	Yes No	Vertigo/dizziness	Yes No
Other		Other	