



Lake Norman Salt Spa

Client Intake Form

Name: _____ Date: _____

Phone: _____ Email: _____

Address: _____

Date of Birth: _____ Gender: _____

Is this visit for you, someone else, or both? Myself Someone else Both

If for someone else and they're a minor, please add their name and information below:

Child's Name: _____ Birthdate: _____

Child's Name: _____ Birthdate: _____

Child's Name: _____ Birthdate: _____

1. Your reason for visiting (check all that apply):

Respiratory

- Allergies
- Asthma
- Colds, coughs, flu
- Congestion
- COPD
- Emphysema
- Snoring
- Sinus infections
- Other:

Skin

- Psoriasis
- Eczema
- Dermatitis
- Acne
- Flaking skin

General

- Improve breathing
- Athletic performance
- Trouble sleeping
- Decrease stress
- Overall wellness

Infrared Sauna/RLT Bed

- Detoxification
- Recovery
- Pain Relief
- Reduce Inflammation
- Cellular Health
- Heart & Blood Pressure Health
- Anti-Aging/Improve Skin

2. How long have you been experiencing the symptoms endorsed above?

3. What other remedies or medications you've tried?

4. Why are you interested in trying salt therapy specifically?

Consent and Release for Halotherapy/Infrared Sauna Therapy/RLT Therapy

Halotherapy (salt therapy) is the process of breathing in micro-sized salt particles that are created by a Halogenerator; which has not been approved by the Federal Food and Drug Administration (FDA) as a medical device for treatment of any disease or condition, or as an overall health benefit.

Infrared Sauna therapy uses infrared heat to warm the body directly not heat the air around you. Allowing heat to penetrate deeply into the tissue to detoxify your body naturally.

Red Light Therapy (RLT) Exposes you to low levels of red or near-infrared light. This treatment may help improve skin, muscle tissue, relieve pain and inflammation and repair cells.

DISCLAIMER: This treatment is not a substitute for medical advice.

Information provided by our website or any printed materials includes results that were obtained in clinical settings but have not yet been evaluated by the Food and Drug Administration. Any and all health information obtained or received from LKN Salt Spa or anything affiliated with said company is to be used for preliminary and experimental purposes only. LKN Salt Spa makes no claims or representations regarding this information. Sessions or products purchased from our company are not intended to treat, diagnose, prevent or cure any disease or condition; nor should it take the place of your treatment or medication prescribed to you by your doctor. For all of your health concerns or inquiries, please consult a licensed healthcare practitioner first. Our therapies should be avoided during the acute phase of any illness, including the following: infections accompanied by fever, acute active tuberculosis, cardiac insufficiency, COPD in third stage, bleeding, spitting of blood, contagious ailments, have use of an oxygen tank to aid breathing, alcohol or drug intoxication, unstable or uncontrolled hypertension, and acute stages of respiratory diseases.

During pregnancy or if you are undergoing chemo treatment, consult your doctor before participating in Halotherapy. IR sauna is not safe during pregnancy

By signing this form, I hereby release, discharge, indemnify, defend, protect and hold harmless LKN Salt Spa a halotherapy spa, and all its members, employees, officers, independent contractors, agents and affiliates (hereafter referred to as the "Released Parties") from any and all claims, liabilities, demands or injuries I may have against them relating to my participation (or my children's participation) in halotherapy/IR sauna therapy/RLT therapy. I understand and agree that my (and my children's) safety is my own responsibility and that I should stop and seek assistance if the need arises. By signing this form you are certifying that you have not relied on the verbal representations of any individual when deciding to participate in halotherapy, IR sauna therapy or RLT therapy.

I fully understand the above disclaimer and use halotherapy at my own risk.

Client Name: _____ Date: ____/____/____

Signature: _____ Date: ____/____/____

How did you hear about us: *Please circle*

- Search engine (Google, Yahoo, etc.)
- Social Media (Facebook, Instagram, etc.)
- Blog or publication
- Signage/Drove By
- Recommended by a friend or colleague

Referred By: _____