



**Salt Room Intake Form - please print clearly**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Do you receive the Complete Wellness Newsletter? \_\_\_\_\_ If not, would you like to receive the newsletter? \_\_\_\_\_  
Phone \_\_\_\_\_ Birthdate \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Parent / Guardian Name (if child under18) \_\_\_\_\_  
Have you ever visited a salt room? \_\_\_\_\_

**How did you hear about us?**

\_\_\_\_\_ Search Engine (Google, Yahoo, Bing, etc) Which? \_\_\_\_\_  
\_\_\_\_\_ Friend or Existing Client Referral. Name: \_\_\_\_\_  
\_\_\_\_\_ Social Media. Which? \_\_\_\_\_  
\_\_\_\_\_ Complete Wellness Email Newsletter

**Consent and Release for Salt Therapy**

Check any symptoms you are currently experiencing.

**By initialing below, I confirm that I DO NOT have any of the following:**

- Acute stage of respiratory diseases  Cardiac Insufficiency  Spitting of blood  Intoxication  COPD in 3rd stage  Uncontrolled Hypertension  Bleeding  Any acute internal diseases
- Any contagious illness (cold, flu, etc...) **Initial Here \_\_\_\_\_**

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

**\*If you have a fever within 24 hours of any future appointment, contact CW to Reschedule\***

I have read both the salt room etiquette & disclaimer sheets? **Initial Here \_\_\_\_\_**

**By Signing & Dating below I confirm that I have read and understand The Salt Room at CW Disclaimer sheet**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2018

Client Signature: \_\_\_\_\_

**\*Please Flip to Page 2.**



<b>Reason for Halotherapy (check all that apply)</b>	<b>Current Issue</b>	<b>History of</b>
Allergies (seasonal)		
Allergies (environmental)		
Asthma		
COPD		
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/electronic pollution		
General Respiratory Hygiene		
Relaxation and Stress Relief		
Inflammation/Joint Pain Support		
Other:		

