Requirements for Exercise With Oxygen Therapy (EWOT) or Multistep Oxygen Therapy

- -Please bring your own towel for wiping down sweat during and after your treatment
- -Complete/read and return all forms to the clinic prior to appointment being booked
- -Present 10 minutes prior to your treatment
- -Bring rehydration fluid to consume if needed during your treatment
- For a 15 minute session the room will be booked for a maximum time block of 30 minutes- please ensure you are dressed and read to exist the treatment room prior to your session as other patients maybe requiring the room, straight after -wear comfortable training gear for use on the recumbent bike or concept 2 rower

<u>Package deals also exist- please ask at reception or email admin@infinitywellnesssolutions.com.au</u>

Complimentary EWOT oxygen mask for individual use (5 or more sessions booked)- any future mask can be purchase at a price of \$45.00

-50% cancelation fee will be invoiced if you do not advice 24 hours prior to your booking date and time of your un-attendance

BRIEF AND GENERAL INFORMATION

Name						
Preferred Name					Date	
Address	City		State	Post Code		
Home Phone	Work Phone					
Mobile Phone			Email _			
Age Da	ate of Birth	Place of I	oirth		Gender: 1	female male
Height (cm): V	Veight(kg):					
How did you hear ab	out our clinic? Book _	Web	site	_ Media	Friend/ fa	mily member
Other						
Has any other family	member already beer	n a patient	at the clir	nic?		
Next of Kin or other t	to reach in an emerger	ncv				

Relationship	Phone				
Address					
Primary medical practitioner address & office phone number					
CONDITIONS CONDITIONS					
CONDITIONS					
Some conditions or medications may not permit the use until a healthcare practitioner letter is provided to advise any of the therapy(s) is ok for both or either the Far Infra-Red Sauna and or Valkion Air. (eg Pregnancy, Wafarin, recent injury, High BP, insulin dependent diabetic etc). Please check with the clinic prior to booking if unsure if any therapy (s) will be helpful for you. A consultation can be made with our health and wellness consultant to ensure you under take any of the therapy (s) for the best possible					

Problem	Onset	Frequency	Severity
1. e.g. Headaches	June 2007	4 times per week	Mild / moderate / severe
2.			
3.			
4.			
5.			
6.			
7.			

outcome. Please see reception on booking an appointment if needed or any concerns exist.

Are you being medically treated and what medications/supplements/natural products etc are you					
aking?					
Name:					
Sign:	. <u></u>				
Date:					

Thank you for taking the time to complete this basic questionnaire.

If you have any concerns with the use of the EWOT or Multistep oxygen therapy, please consult with a healthcare practitioner prior to using or booking an appointment at our clinic. Please read this questionnaire and information prior to your therapy. It is important for hygiene reason you bring your **own towels** for use during and after therapies. Please wipe down <u>all</u> sweat during your treatment and after. Also keep well hydrated, prior during and after your therapy.

Infinity Wellness Solutions

510 Glynburn Road Burnside SA 5066

P: 08 8332 1960 F: 08 8312 2558

email: admin@infinitywellnesssolutions.com.au