

Requirements for Far Infrared Sauna and Valkion Singlet Oxygen Energy (SOE) Treatment

- Please bring your own towel for wiping down sweat in the sauna and after your treatment
- Present 10 minutes prior to your treatment (a ginger tea will be offered to you prior to your therapy complimentary if desired)
- Bring rehydration fluid to consume if needed in the sauna (an electrolyte drink will be offered to you after your therapy complimentary if desired)
- For a 30 minute sauna the room will be booked for a maximum time block of 45 minutes- please ensure you are dressed and read to exist the treatment room prior to your session as other patients maybe requiring the room
- Therapy cost are \$45.00 per 30 minute session (Only 45 minutes booked & reserve time for treatment room- Couples (2 people) for 30 minute session \$55.00- Package deals also exist- please ask at reception. 15 minute Therapy (Room boo for 30 minutes) \$30.00- Couples Price is \$40.00
- 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 _____ Date of Birth _____ Place of birth _____ Gender: female __ male ____

Height (cm): ____ Weight(kg): ____

How did you hear about our clinic? Book _____ Website _____ Media _____ Friend/ family member _____

Other _____

Has any other family member already been a patient at the clinic? _____

Next of Kin or other to reach in an emergency _____

Relationship _____ Phone _____

Address _____

Primary medical practitioner address & office phone number _____

**COMPLAINTS/CONCERNS/MEDICAL
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 outcome. Please see reception on booking an appointment if needed or any concerns exist.

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

Are you being medically treated and what medications/supplements/natural products etc are you taking? _____

Name: _____

Sign: _____

Date: _____

Thank you for taking the time to complete this basic questionnaire.
If you have any concerns with the use of the Far-Infrared sauna 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 towel** for use in the sauna and after therapies. Please wipe down all sweat during your treatment and after. Also keep well hydrated, prior during and after your therapy.

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