

## Port Salt Cave

NAME (Please Print) \_\_\_\_\_

NAME OF GUARDIAN \_\_\_\_\_

Address: \_\_\_\_\_

Phone# \_\_\_\_\_

Email Address: \_\_\_\_\_

I understand that there is a \$15 charge for appointments cancelled less than 24 hours in advance

### Informed Consent To Halotherapy Treatment

I \_\_\_\_\_ hereby consent to taking part in a session or multiple sessions of Halotherapy in the Healing Salt Cave® room. I understand that the treatment will consist of 30-45 minute sessions in the enclosed environment of the salt cave room. The potential benefits and risk of treatment have been explained to me and I have no further questions or concerns. I fully acknowledge the unproven and non-conventional nature of Halo/Speleo - Therapy and that the treatment may not provide expected results. I understand and assume all risks of possible complications as a result of the treatment from known or unknown causes. I understand that I am not allowed to remove or displace any piece of salt rock nor touch the rocks as they are laying freely on the walls and the floor. The process of such may cause the rocks to fall and cause injury. I agree to be fully responsible for the behavior and all actions of children, under my supervision, present in the salt cave during the session. All the above statements also apply to the children in the salt cave under my supervision. I hereby agree to the terms and conditions stated above and in signing this consent form release Healing Salt Cave Ltd. including the owner and staff and anyone else connected or associated to the entity from any financial liability, legal actions, lawsuits and claims of any nature, I take full responsibility the for use of stated treatment.

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

Date \_\_\_\_\_

### Informed Consent Infrared Sauna Treatment

I \_\_\_\_\_ hereby understand that the infrared sauna is a detoxification tool. Usage may result in an exacerbation of some symptoms. The infrared sauna is a gentle non-invasive method to promote detoxification and support the body's immune system. It is intended to be used as an adjunctive therapeutic tool and carries no guarantees with respect to the resolution of specific health concerns. I understand that no claims, promises, or guarantees are being made by the Healing Salt Cave Ltd. and those connected or associated to the entity about the results through the use of the infrared sauna. I accept full responsibility for any results that may occur due to the use of this treatment. I understand and assume all risks of possible complications as a result of the treatment from known or unknown causes. I hereby agree to the terms and conditions stated above and in signing this consent form release Healing Salt Cave Ltd. including the owner, staff and any anyone else connected or otherwise associated to the entity from any financial liability, legal actions, lawsuits and claims of any nature, I take full responsibility the for use of stated treatment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Informed Consent Foot Detox on Himalayan Salt Blocks

I \_\_\_\_\_ Understand that the Foot Detox on Himalayan Salt Blocks is a detoxification tool. It is intended to be used as an adjunctive therapeutic tool and carries no guarantees with respect to the resolution of specific health concerns. If you are sick, please consult with your doctor before beginning a foot detox session. I understand that no claims, promises, or guarantees are being made by the Healing Salt Cave Ltd. and those connected to the entity about the results through the use of the foot detox. I understand and assume all risks of possible complications as a result of the treatment from known or unknown causes. I understand that I am not

allowed to change the temperature for feet detox and should be used properly at all times. I have or will be shown that the foot detox devices are set to a pre-regulated temperature between 35-40 degrees and understand that this temperature has been predetermined and set to be safe for all who use the tool. If this temperature changes due to my own means I take full responsibility to anything that may occur. I hereby agree to the terms and conditions stated above and in signing this consent form release Healing Salt Cave Ltd. including the owner, staff and anyone else connected to or otherwise associated with the entity from any financial liability, legal actions, lawsuits and claims of any nature, I take full responsibility the for use of stated treatment.

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

Date \_\_\_\_\_

## HEALTH CONCERNS

THE INFORMATION PROVIDED IS CONFIDENTIAL ACCORDING TO THE  
**Port Salt Cave Policies**

Health Disorders	Y	N	Health Disorders	Y	N
Asthma (Allergic etiology)			Cystic Fibrosis - Mucoviscidose		
Asthma (infection-Dependent etiology) FEV1 60 %			Chronic Rhinitis		
Asthma (infection-Dependent etiology) FEV6 60 %			Chronic Pharyngitis		
Chronic Obstructive Bronchitis FEV1 60%			Tonsillitis (Adenoiditis)		
Chronic Obstructive Bronchitis FEV6 60%			Stress		
Chronic non-obstructive bronchitis			Thyroid Problems		
Chronic recurrent bronchitis			Diabetes		
Bronchiectasis Disease			Low/High Blood Pressure		
Viral Infection			Lichen Planus		
Sinus Infection, inflammation			Circulatory Problems		
Chronic Sinusitis			Dizziness/Fainting		
Acute Sinusitis			Seizures		
Chronic laryngitis			Contact with Industrial Household Pollutants		
Smokers			Atopic Dermatitis, Neuro-Dermatitis		
Coughing, Wheezing			Infectious Conditions		
Paroxysmal Cough			Purulent Skin Infection		
Respiratory Allergies			Healing of Post- Surgery Scars		
Emphysema			Acne		
Pulmonary Disease			Fibromyalgia		
Acute Upper Airway Viral Infection			Chronic Fatigue		
Colds and Influenza			Sick Building Syndrome		
Exhaustions, Wheezing			Arthritis		
Various breathing discomforts			Eczema		
Multi-chemical sensitivity syndrome			Psoriasis		
Pneumonia following acute stage			Skin Rashes		
Chest tightness			Cancer		
Mucus Build - up			Other		

IF "YES" PLEASE EXPLAIN THE SYMPTOMS \_\_\_\_\_

DO YOU WEAR A HEARING AID? \_\_\_\_\_

PACEMAKER? \_\_\_\_\_

NOT RECOMMENDED FOR INFRARED SAUNA

ARE YOU TAKING ANY BLOOD THINNERS? \_\_\_\_\_ / If YES Infrared Sauna or Detox is not recommended \_\_\_\_\_

ARE YOU CURRENTLY UNDER A DOCTOR'S CARE: \_\_\_\_\_

ARE YOU CURRENTLY TAKING ANY MEDICATION \_\_\_\_\_

WHAT WOULD YOU LIKE TO ACCOMPLISH FROM YOUR SESSION? \_\_\_\_\_

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SALT CAVE TREATMENT RECOMMENDATIONS: \_\_\_\_\_

\*note: None of the staff at the Port Salt Cave are doctors or represent themselves to be so. Any treatments that are recommended are noted as holistic therapies and alternative or complimentary treatments to recommendations made by the individuals doctor or physician