

# QUEENS INSTITUTE FOR SKIN DISEASE AND ANTI-AGING

## Ozone Sauna and Oxygen Therapy AGREEMENT AND CONSENT FORM

### CLIENT INFORMATION

First and Last Name: \_\_\_\_\_

Date of Birth: Month/Day/Year \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **PLEASE READ CAREFULLY AND UNDERSTAND THE FOLLOWING AND SIGN, INITIAL OR ANSWER WHERE INDICATED:**

Have you ever used an ozone sauna before? YES, or NO?

Do you have a heart pacemaker or any other battery-operated electrical implant?  
\_\_\_\_\_

Are you pregnant or breastfeeding? \_\_\_\_\_

Do you currently have a fever, infection, or injury? \_\_\_\_\_

Do you have uncontrolled high blood pressure, or experienced a heart attack or other cardio –  
vascular problem? \_\_\_\_\_

Do you have a history of dizziness, fainting spells, hear sensitivity, narcolepsy or  
seizures? \_\_\_\_\_

Do you suffer from any bleeding disorders? \_\_\_\_\_

**If you answered “yes” to any of these questions it is not recommended that you  
use the ozone sauna at this time. We suggest that you consult your Primary  
Health Care Physician to obtain a release form before proceeding with ozone  
sauna therapy.**

Ozone sauna sessions should be limited to no more than 60 minutes.

Drink plenty of water before and after your session.

If you experience pain and or discomfort, immediately discontinue and exit the sauna or call for assistance.

If you are on any medications, consult with your doctor before using the ozone sauna.

Do not use drugs, tobacco, or alcohol prior to the ozone sauna session.

If you have a medical condition or are on any prescription medications, consult with your physician before using the ozone sauna.

Discontinue the use of the ozone sauna if you feel lightheaded, dizzy, heat exhausted, or unwell.

After treatments sit up slowly to prevent dizziness. I understand that ozone sauna and oxygen therapy is not intended to take the place of medical care or medications. I have no medical condition which would prohibit me from using the ozone sauna and oxygen therapy. Contraindications are active cancer, lupus, photosensitivity, seizures, and pregnancy. I acknowledge that the results of ozone sauna and oxygen therapy do vary, and that no guarantee of specific results are offered or implied. Queens Health Centre and Wellness Spa will not refund or credit any amount of money because of a client's dissatisfaction with their results. I have been given adequate instructions for the proper use of the equipment, understand the risks involved, and use it at my own risk. I hereby agree to release and indemnify the Queens Health Centre and Wellness Spa, its owners, operators and manufacturers from any damages that may arise from the use of ozone sauna and oxygen therapies. I have reviewed and completely understand all the information in this consent and waiver agreement form.

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

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

**IF THE CLIENT IS UNDER THE AGE OF 18 YEARS OF AGE:** As Parent/ Legal Guardian of the above listed client, I acknowledge that I have read and fully understand the safety standards and warnings provided to me by the Queens Health and Wellness Spa and thereby authorize the consumer named above to use red light and PEMF therapies. I acknowledge that I have read and completely understand this consent and agreement form, and agree to the above waivers of liability, recommendations, and terms. I attest that I have provided accurate age, identity, and relationship verification.

Parent / Guardian Signature: \_\_\_\_\_

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