131 Union Street East,
Suite #103
Waterloo, ON
N2J 1C4

The Natural Way
HEALTH CLINIC
where healing begins

(T) 519-772-2116
(F) 866-731-5603
www.thenaturalwayclinic.com

Infrared Sauna Treatment Waiver Form

Name: _____ Date: _____
Date of Birth: _____(m/d/y) Age: _____ Sex: Male / Female/Other
Mailing Address: _____
E-mail:_____
Telephone: Home/Eve: (____)_____ Work/Day: (____)_____
Cell: (____)_____ How can we best reach you?_____

☐I give my consent to include my e-mail address on the clinic newsletter mailing list.

How did you hear about The Natural Way/ Who may we thank? (please choose one)

☐ Google ☐ Facebook ☐ Instagram

☐ Educational Talk ☐ Newsletter ☐ Yellow Pages

☐ External Practitioner: _____ ☐ Patient Referral: _____ ☐ The Natural Way Staff: _____ ☐ Other: _____

EMERGENCY CONTACT:
Name: _____ Relation: _____
Telephone: Home/Eve: (____)_____ Work/Day: (____)_____
Cell: (____)_____

Are you Pregnant or Lactating? Y / N Are you over the age of 60? Y / N

Do you have any of the following conditions (please circle all that apply):

1) History of fainting / syncope
2) Kidney disease
3) Heart disease
4) High blood pressure
5) Low blood pressure
6) Liver disease
7) Surgical Implants (ie, metal plates)
8) Breast Implants/augmentation
9) Anemia
10) Seizures
11) Lymphadema
11) Other: _____

Are you on medications for any of the above conditions: YES/NO

If you have any of the above listed conditions you must make an appointment for consultation with our Naturopathic Doctor or bring signed approval from your medical doctor before using the infrared sauna. If you are unsure if a sauna treatment would be safe for you, please book a consultation with our Naturopathic Physician.

Even mild therapies have their complications, especially in certain physiological conditions such as those listed above. It is important, therefore, that if you have a specific health

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condition, you inform The Natural Way clinic immediately. This applies to any disease process that you suspect or are aware of, or if you are pregnant, suspect you are pregnant, or you are lactating.

I, _____ hereby declare that I have read the information on this form, and with this knowledge, I voluntarily consent to the therapeutic procedures mentioned above (Infrared Sauna). I give my consent to the clinic Naturopathic Doctors to speak to any Natural Way practitioner (if necessary), to clarify the information given on this form.

I agree that if I feel anxious, aggravated, faint, dizzy, or lightheaded at any time during the treatment, I will exit the sauna and report my symptoms to The Natural Way Clinic reception immediately.

Signature: _____Date: _____