

<p><b>OFFICE USE ONLY</b> Entry Date: ___/___/___ Entered by: _____</p>
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**6210 Highland Place Way, Knoxville, TN 37919    Tel: 865.588.1755    www.SaltSpaKnoxville.com**

**Salt Spa Intake Form**

Today's Date: \_\_\_/\_\_\_/\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
First Last

Address: \_\_\_\_\_  
Street / Apt # City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<p>How would you like to receive appointment reminders? <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Both Text &amp; Email <input type="checkbox"/> No Reminders          Would you like to receive our monthly newsletter through email? <input type="checkbox"/> Yes! <input type="checkbox"/> No</p>
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**Your relationship to other Salt Spa clients:**

Name & birthdate of child(ren) attending the session today: \_\_\_\_\_ / \_\_\_/\_\_\_  
First & Last

\_\_\_\_\_ / \_\_\_/\_\_\_  
First & Last

Other family members / friends who visit the Salt Spa: \_\_\_\_\_  
First & Last Relationship

\_\_\_\_\_ Relationship  
First & Last Relationship

<p>How did you hear about us? <input type="checkbox"/> Online deal <input type="checkbox"/> Client Referral: _____ <input type="checkbox"/> Other: _____          Have you ever been a patient at Traditional Health Clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No          Did a Doctor refer you? <input type="checkbox"/> Yes <input type="checkbox"/> No / Name of Doctor &amp; recommendations for use: _____</p>
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**Reason for Salt Spa Use (check any that apply):**

<input type="checkbox"/> Allergies	<input type="checkbox"/> Cold & Flu recovery	<input type="checkbox"/> Congestive headache
<input type="checkbox"/> Asthma	<input type="checkbox"/> Cold & Flu prevention	<input type="checkbox"/> Optimize breathing for singing
<input type="checkbox"/> Emphysema / COPD	<input type="checkbox"/> Pneumonia or Bronchitis	<input type="checkbox"/> Optimize athletic breathing
<input type="checkbox"/> Sinus issues	<input type="checkbox"/> Cough	<input type="checkbox"/> Offset pollution
<input type="checkbox"/> Skin conditions	<input type="checkbox"/> Snoring	<input type="checkbox"/> Time out
<input type="checkbox"/> Immune system support	<input type="checkbox"/> Ear or throat pain	<input type="checkbox"/> Respiratory hygiene

**Halotherapy should not be undertaken if you are experiencing any of the following:**

- Active Tuberculosis    • Contagious Conditions    • Severe/Unstable Heart Disorders    • Stage 3 COPD
- Intoxication    • Spitting Up Blood    • Uncontrolled Blood Pressure    • Acute Inflammatory Disease
- Severe Kidney Disease    • Any Internal Disease in Acute Stage    • Require Oxygen

*In consideration of our clientele and staff, we ask that you please reschedule your Salt Therapy session for another day **IF** you have had a **fever** within the past 24 hours **OR IF** you have any **contagious** condition.*

<p>Have you had a fever within the last 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Are you a smoker?  Yes  No    Have you smoked within the last 2 weeks?  Yes  No  
*Please see our smoking policy*

***Please read and sign the liability waiver on the reverse side.***

**Smoking Policy:** For the welfare of other salt spa clients, we respectfully ask current smokers to decline from making salt therapy appointments. Third hand smoke can be dangerous for other clients with severe respiratory issues. If you have quit smoking and have continued not to smoke for at least two weeks, we will gladly accommodate you in our salt rooms.

**Salt Therapy is neither a medical treatment nor a replacement for medical care. If you have a medical condition that requires treatment, you should consult your primary care physician.** Always consult your primary care physician before making any adjustments to your medication schedule. The Salt Spa staff make no medical recommendations or medical advice regarding any illness or condition.

The federal Food and Drug Administration (“FDA”) do not approve halogenerators as medical devices for diagnosis or treatment of any disease or condition. They are approved for sale in the United States as air filtration devices.

**Severe Allergy, Asthma and COPD Clients**

If you suffer from severe allergies, asthma or COPD you may need a gradual introduction to salt therapy. It is important to set your own pace in this therapy. If at any time during your salt therapy sessions you feel especially uncomfortable, and are having difficulty breathing, you are advised to step out of the salt room and seek out a staff member for assistance. We will work with you to schedule your sessions considering your condition and response to salt therapy.

**Release; Assumption of Risk; Consent to Participation**

**Salt therapy is not intended to diagnose, treat, cure, mitigate, or prevent any disease.** I understand that it is my responsibility to consult my primary care physician or appropriate, licensed health care practitioner for all my health concerns. I understand that **no representations, claims or guarantees are being made as to any medical or therapeutic benefit.**

For good and valuable consideration, the receipt of which is hereby acknowledged, **I hereby release, indemnify, defend, protect, and hold harmless** the Salt Spa, Traditional Health Clinic, and all its employees, independent contractors, shareholders, officers, members, agents, and affiliates (collectively, the “Released Parties”) from any and all claims I may have against them relating to my participation in salt therapy. **I knowingly, voluntarily, and expressly assume all risk of participation in salt therapy** and agree not to bring any legal claim against any of the Released Parties based on such participation.

***NOTE: DO NOT SIGN THIS FORM UNLESS YOU HAVE READ IT AND FEEL YOU UNDERSTAND IT. PLEASE ASK ANY QUESTIONS YOU HAVE BEFORE SIGNING THIS FORM. DO NOT SIGN THIS FORM IF YOU HAVE TAKEN MEDICATIONS WHICH MAY IMPAIR YOUR MENTAL ABILITIES OR IF YOU FEEL RUSHED OR UNDER PRESSURE.***

I certify that I have read the foregoing, discussed the issues noted above, had opportunities to ask questions, and agree to and accept all the terms above. I certify that I am not a smoker, or have not smoked within the past two weeks. I certify that I am not experiencing any of the issues that are listed as contraindications for salt therapy.

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

***If signing for someone else, please indicate your name and relationship to the client:***

**Your Name:** \_\_\_\_\_ **Relationship to client:** \_\_\_\_\_

## Salt Spa Etiquette

- **You are responsible for your personal items.** We do have personal cubbies, but they do not lock. You may leave all personal items in your car as we will not be responsible for any lost, damaged, or stolen items.
- Salt dust is harmless and can be brushed off and/or washed out of clothing.
- Please **sign in** when you arrive for your sessions.
- Please arrive 5-10 minutes prior to your session start time to prepare.
- Adult sessions begin promptly on the hour. Children's sessions begin promptly on the half hour. **Once a session has begun, we discourage clients from entering the salt rooms** so as not to disturb seated clients. Late comers may be booked in the next available session.
- Use of the Salt Spa **must be avoided during the acute or contagious phase of any illness.**
- **Clean socks or shoes are required** in the salt rooms at all times. No bare feet, please.
- **Foot covers are required (and provided) in the Kid's Salt Room.** Foot covers are optional in the Adult Salt Room and are available upon request.
- Please keep and reuse foot coverings for your salt therapy sessions. If they wear out, we will gladly replace them.
- In order to maintain a spa environment we suggest that you use your time in the room to **read, sleep or meditate.** You may bring the following items: book, magazine (no perfumed ads), tissues, ear plugs, small head pillow, light blanket, or a small towel to cough into if needed. Reading lights are available upon request. No other items are allowed in the spa. If you have a personal need that is not on this list please speak to a Salt Spa attendant.
- The salt rooms are **electronic free zones.** Kindly turn off your devices and leave in your car or in your cubby.
- Thank you for understanding that you may experience a symphony of sounds coming from other clients during salt therapy sessions. Please do your best to accept and associate these sounds as signs of healing! Feel free to bring earplugs or ask for a complimentary pair.

### In Consideration of Others

- Unless there is an emergency, please try not to leave the salt room while a session is in progress.
- **Please refrain from talking during the session.**
- **Do not use any perfumes, lotions, or any kinds of fragrances** when you attend a session.
- If you experience excessive coughing, kindly **cough into a towel** to help muffle the sound.
- If you are prone to **excessive snoring**, we encourage you to sit more upright, try to stay awake, and take deeper breaths during your treatments. This will help to reduce snoring.
- Please **refrain from shuffling papers** while in session.
- Please let us know as soon as possible if you are unable to make it to a scheduled salt therapy session.

### Additional Etiquette for the Kid's Salt Room

- Children 12 and under must have an adult guardian present at all times while in the Kid's Room.
- Each adult guardian must fill out an intake form and receive an orientation.
- **Foot covers must be worn at all times** in the Kid's room, with the exception of infants. Foot covers are supplied by the Salt Spa - please keep foot covers with you between sessions and bring them to each salt session. Please use your foot covers for as long as possible before requesting a new set.
- **Use inside voices** both inside the salt room and in the hallway.
- Please play with the salt, but do not throw it.
- Please clean up toys/books at the end of your session.