



Consultation Sheet

Name: _____

Phone: _____ Today's Date _____

DOB: _____ Age: _____ Height: _____

Address: _____

Email: _____

How did you hear about us?

Instagram Facebook Google Yelp Drove By

Other: _____

Referred by a friend - Name of friend: _____

****We offer 20% off your next visit when you refer a friend!****

Check here to opt in to our monthly subscription emails for news and special offers.

Participant Fitness Certification (AllCore360 + Personal Training)

YES NO

Has a physician ever advised you that it is unsafe for you to exercise?

Have you had a spinal fusion surgery?

Has it been within the past 6 weeks?

Do you have stitches in?

Has your surgeon approved you to do spinal exercises/rehab?

Has a physician ever diagnosed you with instability in your spine?

Aortic stenosis or a saddle embolus?

Dementia?

Do you ever require supplemental oxygen to perform daily activities?

Do you have a hernia or diastasis recti?

Contraindications (Ozone Sauna, PEMF, H-Wave, etc)

Do any of the following conditions apply to you? Indicate with a check mark.

Steam/FIR Sauna

- Fever
- Bleeding tendencies
- Active bleeding (from an injury)
- Currently Menstruating
- Elevated blood alcohol or drug levels
- Excessive caffeine intake
- Currently Pregnant
- I am less than 18 years old
- Taking medications that impair sweating and/or increase the health risks from heat exposure
- Heat Insensitivity
- Low blood sugar levels (empty stomach)
- Eaten a heavy meal in the past 30 minutes
- Little or no sleep the night before
- Known heart conditions (heart failure, heart blockages, recent heart attack)
- Uncontrolled and/or malignant high blood pressure
- Hypotension
- Taking blood pressure medication

Transdermal Ozone/Insufflation

- Thyrotoxicosis/hyperthyroidism
- G6PD deficiency/hemolytic anemia
- Organ transplant patient
- Cutaneous porphyria
- Vitiligo

CO₂/Carbonic Acid

- Hypotension
- Taking blood pressure medication

Frequency Specific Microcurrents

- Pregnancy
- Epilepsy and/or seizures
- Electrical implants (pacemaker, cochlear implant, intrathecal pump, insulin pump, etc.)
- Known heart conditions
- Blood clots/DVT or strokes
- Surgery in past 72 hours
- Implanted metals (pins, plates, screws, joint replacements, mechanical heart valves, metal stents, or staples in blood vessels, etc.)
- An injury (still may be bleeding)
- Broken, injured, swollen, inflamed or infected skin on the hands or feet
- Cancerous/malignant tissue

High-Intensity PEMF

- Pregnancy
- Epilepsy and/or seizures
- Elevated blood alcohol or drug levels
- Electrical implants
- Implanted metals
- Breast implants
- Known heart conditions
- Active bleeding or bleeding tendencies (haemophilia, bleeding wound, or menstruation)
- Grave's disease
- Organ transplant patient



1. Have you consumed at least half your body weight (pounds) of water (ounces) today prior to your session? (If you weigh 150 pounds, drink at least 75 ounces of water)

YES

NO - Let the staff know if you would like some now.

2. Please list ALL current daily medications, herbs, and/or supplements:

3. Are there any other medical conditions you have that your practitioner/technician should be aware of?

It is recommended that ALL CLIENTS, regardless of heart condition, see their primary doctor before using any of our services here at Bluestem Wellness. You should inform your doctor that they will be using a temperature-controlled steam and FIR sauna, PEMF, and Core Therapy and your doctor should perform the regular health-checks. (Take blood pressure, etc.)



Heart Conditions & Elderly Clients

Elderly clients and those with known heart conditions MUST consult their cardiologist about using steam and FIR saunas, as well as frequency Specific Microcurrents (FSM) and High-Intensity PEMF. You need an EKG (not older than 12 months) and you need to be CLEARED to use our services by your cardiologist before doing a session.

The Ozone Sauna has a heart rate monitor so that you can monitor your heart rate throughout the session. You can also ask the practitioner to set a heart rate limit. IF your heart rate exceeds this limit, then the whole system will shut down (ending the session immediately).

Detox Reaction

It is very important to drink plenty of water before and after a session, as well as throughout the rest of the day and the days that follow. Drinking water helps your body to flush out toxins and stay hydrated. It is important to note that detoxifying the body too fast, especially if there are many toxins present, can overload the body's avenues of elimination. These include the kidneys, liver, colon, lymph system, skin and lungs. When these organs are impaired, even mild detoxification methods can overload the remaining elimination organs. Overloading these systems can result in a detox reaction or "cleaning crisis". You may experience anything from flu-like symptoms to a skin rash. It is the body's way of trying to get rid of the toxins. While ultimately a detox reaction is a sign of a good thing, it can still be an unpleasant experience. It is much easier to get through when you support your body's normal elimination systems. When these organs are working well, and there is sufficient water and nutrient intake, then most detox reactions pass quickly, and sometimes even go unnoticed. This is why it is very important to drink plenty of water and take supplements to help support the liver, kidneys, colon and other elimination systems. Be sure to do this if you find yourself experiencing a detox reaction.

Important Legal Information & Disclaimers

Our services are not medical devices. They have not been evaluated or approved by the FDA or NDF, and we do not claim their intended use to treat, cure, prevent or diagnose any disease or medical condition. Though we will be glad to supervise the use of this equipment, we do not aim to treat, cure, prevent or diagnose any disease or medical condition. This information should not be used as a substitute for professional medical advice. Under US Law, only a medical doctor may "treat" illness and disease with a medical origin, such as cancer. This law is to protect you from the possibility that, while you are receiving our services, an illness which may need orthodox medical attention could be getting worse. Furthermore, it is important to note that we (including our massage therapists) cannot be held responsible for any health issues you may have, and we cannot be held responsible for deterioration of any ailments that you have.



The physiological effects and efficacy of Transdermal Ozone and Oxygen, Whole Body Hyperthermia, Far Infrared, CO2/Carbonic Acid, Frequency Specific Microcurrents, PEMFs, Essential Oil Infusions, and Photon Light and Colors have been documented widely and is publically available in literature. These systems are only ever intended to be “in addition” to any medical treatment that you need or are receiving. Please note that any treatment you are receiving from your doctors should continue whilst you enjoy our services.

The manufacturer or any marketing agent cannot accept liability for any injury or fatality in relation to the use of this equipment. The client agrees to use our services at his/her own risk, and a parent/guardian takes responsibility for the minor. It is the client’s responsibility to acquaint him/herself with any risks associated with their physical or medical condition, as well as any side effects or risks associated with the medications they are taking, and to consult a medical practitioner if in doubt.

Declaration

I am aware that every safety measure will be undertaken by staff, massage therapists, and that this may include my refusal if deemed unsafe. The information that I have given is true and complete, and I would like to go ahead with the responsibility for my choice in receiving sessions. I shall not hold the manufacturer, massage therapists, or any marketing agent, physician/practitioner or technician liable for any illness, injury or worsening of any pre-existing condition that results from using these services.

I have read the above information (all pages) and understand completely what I have read.

If fainting occurs an ambulance will be called. IF you choose not to have one called, check this box.

Full Name: _____

Signature: _____

Date: _____