SudaTonic™ Infrared Systems

Client Consent Form

Last Name: _____ **First Name:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone #: _____ **E-mail:** _____

# of Sessions Booked: _____ **Date of 1st Session:** _____

Date of Birth: _____ Female ❑ Male ❑ **Height:** _____

Occupation: _____ **Current Type of Exercise:** _____

Eating Habits: _____

Reason for Visit, Motivations & Expectations: _____

_____

*** You are advised to use the restroom prior to the SudaTonic™ Infrared session.**

Contra-Indications For The SudaTonic™ Infrared System

Cardiac Condition	❑	Acute Joint Injury (1st 48 Hrs)	❑	Overactive Thyroid Gland	❑
Lupus Erythematosus	❑	Implanted Pacemaker	❑	Diabetes Requiring Insulin	❑
Adrenal Suppression	❑	Pregnancy	❑	Kindney Malfunctions	❑
Multiple Sclerosis	❑	Constricted Coronary Blood Vessels	❑	Open Wounds	❑
Metal Pins or Rods	❑	High or Low Blood Pressure	❑	Skin Diseases	❑
Artificial Joints	❑	Enclosed Infection (Dental, Joint)	❑	Contact Allergies	❑
Varicose Veins	❑	Hemophilia	❑	Fever	❑
Heavey Menstruation	❑	Implanted Silicone	❑	Severe General Infection	❑

Other: (Please Describe) _____

Consult your doctor before scheduling a **SudaTonic™ Infrared System** session if you have received treatment for any of the above listed conditions in the highlighted area. You cannot use the **SudaTonic™ Infrared System** if you suffer from any of the remaining conditions described above.

If you have a history of any other medical condition, including allergy to plankton, iodine and products from the ocean, or you are taking prescription drugs, you should consult your physician before using the **SudaTonic™ Infrared System**.

Doctor's Name: _____ **Phone #:** _____

Doctor's Approval: **Written** ❑ **Verbal** ❑

I have been fully informed and understand the use of the **SudaTonic™ Infrared System** and accept personal responsibility for my SudaTonic™ sessions. I understand that _____ and their staff are not liable for any injury to my person caused in any way by the use of its services or premises. I am aware that the results achieved by the SudaTonic™ Infrared System may vary from person to person, and I acknowledge that no promises or guarantees have been made to me as to the results I will achieve from the SudaTonic™ session.

Client Signature: _____

Date: _____