Salt MedSpa
Halotherapy

Welcome to Salt MedSpa! We are delighted that you are here. Please answer the questions below so that we may take excellent care of you and your family.
Please Note: This a fragrance free establishment. Any perfumes, smoke, or scents may cause a severe reaction in others.

Name: _____ Date of Birth: _____

Address: _____

Email: _____ Phone number: _____

Preferred communication for confirming appointments and other special offers:

○ Phone ○ Email ○ Text Cell # _____

Emergency Contact: _____ Emergency Contact Phone: _____

Allergies: _____

Occupation: _____ Primary Care Physician: _____

Are you: ○ male ○ female ○ a smoker

Have you previously visited a salt room? ○ Yes ○ No

Please check any conditions you (or your child) experience:

- ○ Asthma
- ○ Bronchitis
- ○ Colds and Influenza
- ○ Cough
- ○ Cystic Fibrosis
- ○ Earache/Ear Infections
- ○ Emphysema
- ○ Hay Fever
- ○ Laryngitis
- ○ Pneumonia
- ○ Seasonal Allergies
- ○ Sinusitis
- ○ Snoring
- ○ Tonsillitis
- ○ Respiratory Infections
- ○ COPD
- ○ Shortness of Breath
- ○ Sore Throat
- ○ Ear Ringing
- ○ Runny Nose
- ○ Stuffiness
- ○ Acne
- ○ Dermatitis/Eczema/Rashes
- ○ Psoriasis
- ○ Recent Cosmetic Surgery
- ○ Fatigue
- ○ Stress
- ○ Depression
- ○ Mood Swings
- ○ Neurodevelopment Disorders
- ○ Trouble Sleeping
- ○ Wheezing
- ○ Other_____

Halotherapy should not be undertaken if you are currently experiencing the following:

Tuberculosis

Fever

Acute Inflammatory Disease

Contagious Conditions

Severe/Unstable Heart Disorders

Stage 3 COPD

Intoxication

Spitting Up Blood

Uncontrolled blood pressure

Any Internal Disease In Acute Stage

Severe Kidney Disease