

Full Name: _____ D.O.B: _____ Age: _____ Height (cm): _____

Address: _____

Email: _____ Phone: _____

1. CONTRAINDICATIONS:

There are circumstances during which certain modalities should not be used. **Do any of the following conditions apply to you?** (Indicate with a check mark)

- Sauna: Fever.
- Sauna: Excessive caffeine intake.
- Sauna: Children (<18 years).
- Sauna: Taking medications that impair sweating and/or increase health risks from heat exposure.
- Sauna: Heat Insensitivity.
- Sauna: Low blood sugar levels (empty stomach).
- Sauna: Recently eaten a heavy meal (past 30 mins).
- Sauna: Little or no sleep the night before.
- Sauna: Excessive caffeine intake.
- Sauna, CO2: Uncontrolled and/or malignant high blood pressure.
- Sauna, CO2: Hypotension.
- Sauna, CO2: Taking blood pressure medication.
- Sauna, PEMF: Elevated blood alcohol or drug levels.
- Sauna, FSM, PEMF: Pregnancy.
- Sauna, FSM, PEMF: Bleeding tendencies *e.g. haemophiliacs*.
- Sauna, FSM, PEMF: Active bleeding (injury)/ bleeding tendency *i.e. menstruation, haemophilia*.
- Sauna, FSM, PEMF: Known heart conditions *e.g. heart failure, heart blockages, recent heart attack, arrhythmias, etc.*
- FSM: Blood clots/DVT's or strokes.
- FSM: Recent surgery (past 72 hours).
- FSM: Broken, injured, swollen, inflamed or infected skin on the hands or feet.
- FSM: Cancerous/ malignant tissue.
- FSM, PEMF: Epilepsy and/or seizures.
- FSM, PEMF: Electrical implants *e.g. pacemaker, cochlear implant, intrathecal pump, insulin pump, etc.*
- FSM, PEMF: Implanted metals *e.g. pins, plates, screws, joint replacements, mechanical heart valves, metal stents, staples in blood vessels, etc.*
- PEMF: Breast implants.
- PEMF: Grave's disease.
- PEMF, Ozone: Organ transplant patient, *i.e. taking immune suppression medication*.
- Ozone: Thyrotoxicosis/ hyperthyroidism.
- Ozone: G6PD deficiency (Favism)/ haemolytic anaemia
- Ozone (transdermal): Cutaneous porphyria.
- Ozone (transdermal): Vitiligo.

2. Have you consumed at least half your body weight (pounds) of water (in ounces) today prior to your session? *e.g. if you weigh 150 pounds, drink at least 75 ounces of water.*

- Yes.
- No, but I will have some now please.

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

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

5. It is recommended that ALL CLIENTS, regardless of heart condition, see their primary doctor before using the HOCATT. You should inform your doctor that they will be using a temperature-controlled steam and FIR sauna, and your doctor should perform the regular health-checks (e.g. take blood pressure, etc.)

6. 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 if you would like to add those modalities to your HOCATT session. You need an EKG (not older than 12 months) and you need to be CLEARED to use a sauna by your cardiologist before doing a HOCATT session. Your cardiologist may recommend a safe **temperature range**, as well as a **heart rate limit** that may not be exceeded. Your cardiologist might also clear you for adding the FSM and/or PEMF modalities.

The HOCATT has a heart rate monitor, so that you can monitor your heart rate throughout the session. You can also ask the HOCATT practitioner/ technician to set a heart rate **limit** (e.g. 120 beats/min). If your heart rate exceeds this limit, then the whole system will shut down (ending the session immediately).

7. DETOX REACTION

It is very important to drink plenty of water before and after a HOCATT session, as well as throughout the rest of the day and the days that follow. Drinking water helps your body to flush out toxins. 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, then 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.

8. IMPORTANT LEGAL INFORMATION & DISCLAIMERS

THE HOCATT IS NOT A MEDICAL DEVICE. IT HAS NOT BEEN EVALUATED OR APPROVED BY THE FDA OR NDF, AND WE DO NOT CLAIM ITS INTENDED USE TO TREAT, CURE, PREVENT OR DIAGNOSE ANY DISEASE OR MEDICAL CONDITION.

Though we will be glad to supervise the use of our equipment, we do not aim to treat, cure, prevent or diagnose any disease or medical condition. The information provided in this form is for educational purposes only and should not be used as a substitute for professional medical advice. We cannot be held responsible for any health issues you may have, and we cannot be held responsible for deterioration in any ailments you have.

The manufacturer, distributor or any marketing agent cannot accept liability for any injury or fatality in relation to the use of this equipment. The user agrees to use the product at his/her own risk, and a parent/guardian takes responsibility for the fragile/minors. It is the user'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, 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 HOCATT session at my own risk. I understand what will occur during a session, and I take personal responsibility for my choice in receiving sessions. I shall not hold the manufacturer, any marketing agent, physician/practitioner or HOCATT technician liable for any illness, injury or worsening of any pre-existing condition that results from using this equipment.

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

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

Full Name: _____

Signature: _____ Date _____