

## Contrast Therapy Intake Form

### 1. Please enter your information.

First Name: \_\_\_\_\_ Middle Initials: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Female  Male  Nonbinary  Transgender  
 Other or Prefer Not to Say

Marital Status:  Single  Married  Domestic Partner  
 Separated  Divorced  Widowed

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

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred contact method:  
 Mobile Phone  Home Phone  Work Phone  
 Email

2. How did you learn about us? \_\_\_\_\_ Who referred you? \_\_\_\_\_

3. Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

### 4. Have you used Contrast Therapy (heat+cold) before?

Yes  No

## Contraindications for Contrast Therapy

### 5. Are you pregnant?

Yes  No

Sauna should not be used during pregnancy, for the safety of your baby.

\_\_\_\_\_

### 6. Do you currently have a fever, infection or injury?

Yes  No

If you have a fever, you should not use the sauna and instead should wait until it has passed.

\_\_\_\_\_

7. Have you recently had high blood pressure, a heart attack or other cardiovascular problem?

- Yes  No

If you have any cardiovascular disorder, you should not use the sauna.

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8. Do you have a history of dizziness, fainting spells, heat sensitivity, narcolepsy or seizures?

- Yes  No

Sauna should not be used if spontaneous loss of consciousness is a risk.

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9. Do you suffer from any bleeding disorders?

- Yes  No

You should not use sauna if you have any form of bleeding disorder.

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## Precautions

10. Have you been diagnosed with any other medical condition?

- Yes  No

If yes, please specify which condition(s):

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11. Have you consulted your doctor regarding your ability to use Contrast Therapy?

- Yes  No

If you have any concerns about your body's ability to safely experience extremes of temperature, please consult your doctor before using Contrast Therapy.

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12. Are you on any medications that might affect your ability to use Contrast Therapy (in particular any medication for cardiovascular purposes)?

- Yes  No

If you answered Yes here, and No to having a consulted a doctor, we recommend you ask your doctor first about any interaction between temperature extremes and your medication.

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# OLY FLOAT

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## Etiquette & Agreements

Use of the Fire & Ice Room comes with a few agreements that we ask you to enter into to before using it:

1. Outdoor shoes are not allowed in the room, due to wet floors. Please leave all shoes outside the room and use provided slippers, if desired.
2. Maintain a quiet voice inside the room; the shoji doors are thin and voices carry.
3. No screaming or loud noises during cold dunk; embrace the new resiliency and breathe through it.
4. Always sit or lay on a the provided towels, both in the sauna and on the loungers.
5. Oils are not allowed in the sauna; they risk staining and even fires when put on the stove rocks.
6. Please don't touch the paper shoji wall panels.
7. Add water frugally to the stove rocks; no dumping, as it can damage the stove elements.
8. Refrain from all sexual activity; discovery of any of it will result in a large fee.

Thanks for enjoying the space with care and respect!

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Client Signature

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Date

# OLY FLOAT



## Contrast Therapy Intake & Waiver

### Recommendations & Other Agreements

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- The use of drugs, medications, or alcohol prior to or during the Contrast Therapy session may lead to dizziness or unconsciousness and are explicitly not allowed.
- No one under the age of 18 is permitted in the Fire & Ice Room unless accompanied by a supervising adult.
- Older patients should consult their physician before using Contrast Therapy.
- Discontinue the use of the sauna if you feel light-headed, dizzy or heat exhausted.
- We recommend cycles of heat (sauna) and cold (Nordic bucket shower) with at least 5 minute breaks of rest between them.
- **I agree to refrain from any form of sexual activity, acknowledge this to be a deep disrespect of both the space and other guests, and understand that my card on file will be charged a cleaning fee of \$250 should any evidence of sexual activity be observed:**

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I acknowledge and accept the risks inherent in the use of Contrast Therapy. I voluntarily assume the risk of injury, accident or death, which may arise from the use of Contrast Therapy. I and any of my heirs, executors, representatives or assigns hereby release from all claims or liabilities for personal injury or property damages of any kind sustained while on the premises, during the use of Contrast Therapy and from any advice provided by an employee, independent contractor or any representative. I agree that this Intake and Waiver is in effect for all Contrast Therapy sessions and will not expire unless requested by either party. Oly Float Company, and its representatives, does not provide medical advice or treatment. Contrast Therapy use may or may not be appropriate for you. Please consult your health care provider for medical advice. The information provided is for general information purposes only and does not address individual circumstances or medical conditions. Do not attempt to self-treat any disease with Contrast Therapy.

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Client Signature

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Date