



Amethyst Bio Mat/Belt

All Questions Must Be Answered

Please Print Name _____ Date _____

WHAT ARE YOU EXPECTING TO RECEIVE FROM THIS APPOINTMENT?

Is there anything specific you would like to work on during the session? What are your long-range goals?

Today: _____

Long-Range: _____

CONTRA INDICATIONS

Prior to using the Amethyst Bio Mat/Belt it is important to read the following, since there are certain health contraindications.

- If you are using prescription drugs, check with your physician or pharmacist for possible changes in the drug's effect due to an interaction with infrared energy.
- If you are taking corticosteroids, you may experience some redness of the skin. Should you experience redness, we recommend that you discontinue the use until you have completed your medication.
- According to some authorities, it is considered inadvisable to raise the core temperature of someone with severe adrenal suppression such as Addison's disease, systemic lupus erythematosus, or multiple sclerosis. This caution refers to the use of the highest, sauna level heat settings and not to the BioMat lower heat levels. For most patients with mild to moderate symptoms, the BioMat/Belt has been found to be safe and effective.
- In pregnancy or the suspicion of pregnancy, discontinuation of far infrared use is recommended
- If you have a recent (acute) joint injury, it should not be heated for the first 48 hours or until the hot and swollen symptoms subside.
- If you have any concerns at all, do not attempt to self-treat any disease with Far Infrared without direct supervision of a physician.

Please read carefully before signing

"The purpose of Gentle Wellness Center and all our staff is to provide services and offer information to clients. Our services and information are for the purpose of vocational and advocational self-improvement. All procedures are directed towards the establishment of this goal."

I have been made aware of all contraindications and I am not intentionally withholding information about my health. I am agreeing to office policies and procedures of Gentle Wellness Center.

Signature: _____ **Date:** _____