Welcome to

Institute of Sports and Spines

Sauna New Patient Information Form

Title:_____ Name:_____ Middle Initial/s:____ Surname:_____

Home Address: _____ Suburb: _____ Postcode: _____

D.O.B._____ **Phone:** Home:_____ Work:_____ Mob:_____

*If you are a **current patient** of Institute of Sports and Spines, please skip to **'Reason for Visit' section below.***

E-mail address: _____

Private Health Fund: _____ Memb No. _____ No. on Card ___

Medical Practitioner's (GP) Name: _____ Phone: _____

Next of Kin/Emergency Contact:_____ Relationship: _____ Ph: _____

Name of person who referred you to us or how did you hear about us?_____

I would like to receive marketing emails from Institute of Sports and Spines ☐ Yes ☐ No

Sauna Information & Guidelines

Our sauna is a traditional hot-steam sauna operating at high temperatures. While sauna use can promote relaxation and other health benefits, it is not suitable for everyone. Please review the following carefully before proceeding.

- Hydrate before and after your session.
- Bring and sit on a clean towel; remain clothed at all times.
- Respect other users and clinic rules — no nudity, no phones, no disruptive behaviour.
- Discontinue use immediately if you feel faint, dizzy, overheated, or unwell.

Health Screening

Condition	YES	NO
Pregnancy or breastfeeding	☐	☐
Heart disease, recent heart attack, unstable angina, or circulatory disorders	☐	☐
High or low blood pressure	☐	☐
Pacemaker or defibrillator	☐	☐
Recent (within 48 hours) joint injury, or chronically hot/swollen joints	☐	☐
Fever or insensitivity to heat	☐	☐
Impaired sweating (e.g., MS, diabetes with neuropathy)	☐	☐
History of bleeding disorders (e.g., hemophilia)	☐	☐
Use of medications (e.g., diuretics, beta-blockers, antihistamines, anticholinergics)	☐	☐
Alcohol consumption prior to appointment	☐	☐

If you answered "Yes" to any of the above, we strongly recommend you consult your doctor before using the sauna. We may require written medical clearance.

Informed Consent & Waiver of Liability

By signing this consent form, I confirm that I have read and understood the sauna advisements, guidelines, precautions, and contraindications provided to me and displayed by the clinic. I acknowledge and agree that:

I confirm that I have fully and truthfully disclosed all current and past medical conditions, injuries, medications, and other relevant health factors that may affect my safety during sauna use. I have reviewed the list of contraindications and either have no contraindications or have obtained clearance from my medical provider. If unsure, I agree to consult my medical provider before proceeding.

I understand that sauna use involves high heat and may cause dehydration, dizziness, fainting, or other adverse effects. I take full responsibility for monitoring my own condition throughout the session and will discontinue use immediately and notify staff if I feel unwell, light-headed, overheated, or experience any discomfort.

I understand and accept that there are risks inherent in the use of the sauna, including but not limited to burns, heat exhaustion, exacerbation of underlying medical conditions, or other adverse effects. Even with proper precautions, it is impossible to eliminate all risk.

I agree to abide by all clinic rules, including:
- Sitting on a clean towel provided by myself or the clinic
- Remaining clothed at all times and refraining from any inappropriate behaviour
- Not bringing mobile phones or glass bottles into the sauna
- Avoiding sauna use if under the influence of alcohol or recreational drugs

I release and discharge the clinic, its owners, staff, and contractors from any and all claims, demands, actions, or liabilities of any kind arising out of or related to my use of the sauna, whether caused by negligence, my own medical condition, or otherwise. I assume full responsibility for my decision to use the sauna and the risks involved.

I understand that appointments cancelled with less than 24 hours' notice may incur a charge and that payment is due at the time of service.

By signing below, I confirm that I have read this Informed Consent & Waiver in full, understand its contents, and agree to be bound by its terms. I understand that I may ask questions at any time before or during my sauna use.

Print Full Name:_____Patient's Signature(or Legal Guardian): _____
Date: / / 20
In our digital form, Entering your name in the box above and returning the forms to us acknowledges that you have read the form and consent to assessment and treatment.