

Vitalistic Health Spa

Sensory Deprivation Float Tank Intake Form

Today's Date: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

Date of Birth: _____ Male Female N/A

Emergency

Contact: _____ Relationship?: _____

Allergies: _____

Do you have any medical conditions we should be aware of?

Please List any Supplements, Vitamins, or Prescription Medication you are currently taking

Have you ever experienced a float session before? _____

If so, how long ago? _____

What are your expectations of your session(s)? _____

Do we have someone to thank for your referral? _____

Please mark the things you are **looking to improve** with your sessions:

PHYSICAL GOALS:

- Increased Energy
- Accelerated Healing
- Alleviate Pain &/or Inflammation
- Headache Relief
- Lower Blood Pressure
- Fight Insomnia
- Athletic Enhancement
- Immune Support

MENTAL GOALS:

- Increased Motivation
- Improve Concentration
- Increase Creativity
- Increase Intuition
- Personal Growth
- Elevate Mood
- Meditation

CLINICAL GOALS

- Reduce Stress Related Illness
- Fight Depression
- Reduce Anxiety
- PTSD
- Fibromyalgia Relief
- Food Related Disorder
- Eliminate Addictive Behavior

Please List any other GOALS you have that we may have missed.

Are you experiencing any physical pain? _____ If so, where at?

What do you do currently to alleviate the above concerns?

What has worked? _____

What hasn't? _____

I agree TO NOT USE the Sensory Deprivation Float Tank if :

- I have not showered thoroughly and still have oils, creams, hair products or makeup still on my body.
- I have had any type of hair color/ chemical process done in the last 2 weeks or have less than 5 washes since last chemical hair service, i.e. hair color.
- I am under the influence of drugs or alcohol.
- I have a communicable or infectious skin condition, disorder or disease; or open sores or wounds.
- I am diabetic, unless my diabetes is under medical control
- I have a history of heart trouble, epilepsy, seizures or blackouts and have not received my doctor's permission to use the float tank.
- I am experiencing my menstrual period or external vaginal issues.
- I have incontinence or voluntary/ involuntary release of bodily fluids of any kind.

I understand that the water and and float tank solution are not discarded between floats, but instead is sanitized, filtered and recycled; our tanks are inspected between every single float; and that a violation of any of these stipulations that result in the contamination of the float tank solution will result in a cleaning or salt replacement fee of \$250-\$1,200.

_____ ◀ Initial here

I am choosing to use the sensory deprivation float tank as a therapy with my own free will and will not hold the owners/operators or Vitalistic Health Spa liable for any injury during the session or while on the premises of 204 Idaho St. Glidden, Ia 51443.

Vitalistic Health Spa has the right to refuse service to anyone at any time.

I have read, understand and agree to all the terms and policies as stated above. This signed document represents an agreement between us, which you may revoke in writing at any time. I agree the signed initials and signature are my signature of acknowledgment to all that is stated in this document.

Print Full Name: _____

Signature of agreement: _____

Date Signed: _____

Vitalistic Host on duty: _____

Date: _____