



The Wellness Center MN Float Intake Form

First Name _____ Middle Initial _____ Last Name _____

Pronouns _____ E-mail _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Phone _____ Home Cell Other Is this your first float session? Yes No

E-mail Appointment Confirmation Opt-in Yes No Text Appointment Confirmation Opt-in Yes No

Newsletter & Membership E-mails Opt-in Yes No Occupation _____

How did you hear about us? _____ Name _____

Do you have any physical pain or health conditions? Please list any relevant medical conditions, surgeries, accidents, and bone, joint or muscle diseases or injuries.

Floating can benefit a variety of Mental, Physical and Clinical Goals. Circle your float goals below:

Relax (*Mental Goals*)

Stress Relief

General Anxiety Relief

Alleviate Physical Pain

Improve Sleep Quality

Lower Blood Pressure

Improve Problem Solving

Meditation Practice

Personal Growth

Recover (*Physical Goals*)

Rapid Physical Recovery

Athletic Enhancement

Increased Energy

Fibromyalgia Relief

Headache Relief

Lower Inflammation

Speed Jet-Lag Recover

Restore (*Clinical Goals*)

Elevate Mood

Depression Relief

Reduce Stress-Related Illness

PTSD Symptoms

Reduce Addictive Behaviors

Eating Disorder

Increase Motivation

Improve Concentration

Any other therapy goals not listed above:

The Wellness Center MN Liability Waiver & Professional Agreement

We want you to feel welcomed and appreciated every time you come. We request that you read carefully and agree to the following information and policies to ensure a safe and relaxing experience:

Facilities: Amenities provided include: robe, towels, washcloth, ear plugs, contact solution and cases, petroleum packets Float Halo pillow, hair dryer, shampoo, body wash, conditioner, and shower. It is up to the individual to take caution to prevent slipping or falling as floor surfaces may be wet. The facility is cleaned thoroughly between every session. Additionally, the tank is filtered and sanitized between every session. Our regimen exceeds industry standards.

I will not use the Float Tank if:

- I have not showered thoroughly, and still have oils, creams, or makeup on my body
- I have had any kind of hair or skin dye treatment that is still bleeding out when I take a shower
- I am under the influence of mind-altering drugs or alcohol
- I have a communicable or infectious skin condition, disorder, or diseases
- I have open sores, cuts, rashes, burns or hemorrhoids
- I am diabetic, unless I have written approval from a physician
- I have a history of heart trouble, epilepsy, seizures or blackouts and have not received my doctor's permission to Float
- I am menstruating or experiencing vaginal discharge
- I have a condition which may be adversely affected by cutaneous absorption of magnesium
- I have kidney disease
- I have incontinence, or voluntarily/involuntarily release of bodily fluids of any kind
- I cannot physically enter and exit the Float Pod without assistance
- I have a history of inner ear trouble or dizzy conditions
- I have a cold, flu, or infection

I understand that the violation of any of these rules that results in contamination of the Float Pod water may result in a salt replacement fee of up to \$2000.

Waiver of Liability: I understand that the Float Therapy offered here is for the purpose of stress reduction, relaxation, and self-enhancement. Although there are studies indicating that Float Therapy can reduce and/or relieve various physical and psychological symptoms, I realize that I should consult my doctor and/or therapist in these regards. Furthermore, I release The Wellness Center MN, its owners, heirs, staff, and affiliates from all responsibility and any legal recompense if I should become injured, experience physical or psychological distress of any kind that may incur a loss at The Wellness Center MN and/or prior to, during or after Floating.

Age Verification Policy

The Wellness Center MN does not provide massage therapy or float therapy services to anyone under 18 unless that person has written consent from their parent or guardian, or the therapy has been prescribed by their physician or health care provider. You will be required to provide The Wellness Center MN with a valid government-issued identification (with a photo) that proves that you are 18 years or age or over.

Payment/Cancellation Policy

I acknowledge that payment is due at the time of service. The Wellness Center MN accepts auto injury insurance under a separate agreement. Please provide a medical prescription and insurance information for consideration for this billing service. Cancellations must be received 24 hours in advance of appointment time. I acknowledge responsibility for paying full rate for any appointment cancellation of less than 24 hours. Exceptions may be made for illness or emergencies.

Notice of Privacy

I acknowledge that The Wellness Center MN, by way of this document, has informed me that they follow Minnesota's Privacy Practices and the Freedom of Access Act, Chapter No. 460-House File 3839; not that I have read it or agree with its contents.

Signature _____ Date _____