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.

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

Relax *(Mental Goals)*	**Recover** *(Physical Goals)*	**Restore** *(Clinical Goals)*
Stress Relief	Rapid Physical Recovery	Elevate Mood
General Anxiety Relief	Athletic Enhancement	Depression Relief
Alleviate Physical Pain	Increased Energy	Reduce Stress-Related Illness
Improve Sleep Quality	Fibromyalgia Relief	PTSD Symptoms
Lower Blood Pressure	Headache Relief	Reduce Addictive Behaviors
Improve Problem Solving	Lower Inflammation	Eating Disorder
Meditation Practice	Speed Jet-Lag Recover	Increase Motivation
Personal Growth		Improve Concentration

Any other therapy goals not listed above:

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The Wellness Center MN Liability Waiver & Professional Agreement

We want you to feel welcome 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: A private bathroom with a shower, toilet and sink is attached to the float pod room. We provide showering supplies, towels, ear plugs and more. It is the individual's responsibility to take caution to prevent slipping or falling as floor surfaces may be wet. The facility is cleaned thoroughly, and the tank water is filtered and sanitized between every session.

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, have kidney disease, have a history of heart trouble, epilepsy, seizures/blackouts, or inner ear trouble/dizzy conditions and have not received my doctor's permission to Float
- I am menstruating, experiencing vaginal discharge and/or actively bleeding for any reason
- I have a condition which may be adversely affected by cutaneous absorption of magnesium
- 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 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. 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 Practices and Data Use

The Wellness Center MN respects your privacy and is committed to protecting your personal and health information.
We collect personal and health-related information on this form in order to:

- Provide massage and wellness services safely and effectively
- Understand your health history and treatment needs
- Process payments, including insurance or workers' compensation claims where applicable
- Communicate with you regarding appointments and services

When we bill insurance electronically, we are subject to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). In those cases, your protected health information is handled in accordance with our separate Notice of Privacy Practices, which explains how your information may be used and disclosed and describes your rights under HIPAA.
We do not sell your personal information. We do not use your information for targeted advertising or profiling.
We maintain reasonable administrative, technical, and physical safeguards to protect your information from unauthorized access or disclosure. If you have questions about how your information is handled or would like to make a request regarding your information, please contact us at info@wellnesscentermn.com.

Signature _____ Date _____