

Aria Wellness

BIOMAT

Client Intake Form

Name: _____ Phone: _____

Address: _____ Apt/Suite: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Emergency Contact: _____ Phone: _____

The following information is used to determine the temperature setting of the Biomat.

Please mark the correct box for any conditions that you currently have or have had in the past:

- | | | |
|---|--|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Bone/Joint Injury | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Lower Back/Hip Pain | <input type="checkbox"/> Heat Sensitive MS | <input type="checkbox"/> Muscle Spasm |
| <input type="checkbox"/> Silicone Implants | <input type="checkbox"/> Depression | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Stiffness | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Tendonitis |
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Head Injuries | <input type="checkbox"/> Skin Sensitivity |
| <input type="checkbox"/> Addison's Disease | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Adrenal Insufficiency |
| <input type="checkbox"/> Insensitivity to Heat | <input type="checkbox"/> Adrenal Suppression Disorders | |
| <input type="checkbox"/> Systematic Lupus Erythematosus | | |

Cancer (**doctor recommendation required**)

Recent and Acute Joint Injury (**must wait 48 hours before using**)

If you currently have any of the following medical conditions Biomat sessions are not recommended for you.

- | | | |
|--|---|--|
| <input type="checkbox"/> Current Pregnancy | <input type="checkbox"/> Organ Transplant | <input type="checkbox"/> Blood Clot |
| <input type="checkbox"/> Pacemaker/Defibrillator | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Brain Tumor |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Renal Failure | <input type="checkbox"/> Heart Condition |

Please list any medications you are currently taking _____

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Client Liability and Release Form

By signing this waiver I acknowledge that Jenny Kukoy from Rocky Mountain Biomat is **not a medical physician** and does not practice medicine. I understand that the Biomat treatment I receive is provided for the basic purpose of relaxation and relief of muscular tension, pain, anxiety or stress/fatigue. If I experience any pain or discomfort during the session, I will immediately stop the Biomat session. I further understand that Biomat treatments should not be construed as a substitute for medical examination, diagnosis, or treatment.

The information I provided on the client intake form is true and correct to the best of my knowledge. I agree to keep Rocky Mountain Biomat, Rocky Mountain Biomat, LLC and Jenny Kukoy updated as to any changes to my medical profile, and I understand there will be no liability for Rocky Mountain Biomat, Rocky Mountain Biomat, LLC and Jenny Kukoy if I fail to do so. I release Rocky Mountain Biomat, Rocky Mountain, LLC and Jenny Kukoy of any and all liability.

I acknowledge that by signing this form "I have read the Liability and Release Waiver and I accept"

Signature

Date