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CLIENT INFORMATION FORM

Acc No.

Personal Information:-			
Name:	Gender: M F		
Surname:	Age: - Parent/Guardian signature required if under 18		
Parent/ Guardian Name and Surname:	ID Number:		
Occupation:	Email:		
Contact: (H)	Contact: (W)	Contact: (C)	
Physical Address:	Postal Address:		
Code:		Code:	
Medication:-			
Do you take any Medication: YES NO - This includes vitamins, supplements, hormones, over-the-counter drugs, prescribed medication, etc.			
If YES please list medication below:		Please state what medication is used for:	
1.	1.		
2.	2.		
3.	3.		
4.	4.		
5.	5.		
Particulars of your medical doctor:-			
Name:	Contact Number:		
Particulars of a friend or family member:-			
Name:	Contact Number:		
Important Questions:-			
Have you taken any medication in the last 4 hours?	YES	NO	
Have you taken anything containing Vitamin C in the last hour?	YES	NO	
Have you had an alcoholic beverage within the last 8 hours?	YES	NO	
General health information:-			
Are you currently undergoing any of the following:	Do you drink alcohol?		YES NO
Chemotherapy YES NO	Do you smoke?		YES NO
Radiation YES NO	Do you take any illegal Drugs?		YES NO
Weight:	Height:		

Please list all Allergies:- (food, medication, chemicals etc)	Please list operations had in the last 6 months:- (Please specify date)

Please circle your fitness level:	Poor	Good	Excellent (Athlete)
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Please state your main reason for wanting Ozone Therapy:-

Heat/ Steam and Ozone Information

1. Heat applied in a Sauna of any kind have adverse effects
 - a. Cardiovascular problems and some Diseases are just two examples of heat sensitive ailments.
2. Ozone does not need heat to be effective only a moist environment.
 - a. All temperatures are regulated by the ozone practitioner.
 - b. Temperatures in the Ozone Chambers might be increased over time if deemed necessary
3. There are no side effects from Ozone

**Rules:-
PLEASE TICK THAT YOU HAVE READ BELOW:-**

1. If you are actively taking any medication (blood pressure medication, insulin, contraceptive medication, prescribed medication etc.) we strongly advise that all medication is taken 4 HOURS PRIOR and 4 HOURS AFTER an Ozone Therapy treatment - Ozone neutralizes chemicals.
2. If you are currently receiving Radiation or Chemotherapy treatment we strongly advise that you WAIT 4 DAYS AFTER these treatments before having an Ozone Therapy treatment. Please inform your Doctor that you are receiving Ozone Therapy.
3. Do not have alcoholic beverage WITHIN * HOURS PRIOR to an Ozone Therapy treatment - Increased heart rate and heart size
4. If you are pregnant we will not under any circumstances administer Ozone Therapy. If you are 100% sure about your pregnancy status we will not administer Ozone Therapy. - Increase babies heart rate.
5. Do not take anything containing Vitamin C for 1 HOUR BEFORE or 1 HOUR AFTER an Ozone Therapy Session - Vitamin C destroys Ozone

**Do you have/ suffer from any one of the following:
NO OZONE THERAPY ALLOWED IF YES TO ANY OF THE BELOW**

Acute Alcohol Intoxication	YES	NO	Platelet Disorder (Hemophilia)	YES	NO
Recent Heart Attack/ Stroke (within 3 months)	YES	NO	Pregnant	YES	NO
Active Bleeding from ANY sit (internal & external)	YES	NO	Thrombocytopenia (Thrombosis)	YES	NO

Do you currently suffer from any of the following:-				PLEASE TICK BOX	
GENERAL:-					
Acute Infection		<i>Circulation problems</i>		<i>Heart Disease</i>	Mumps
Acute Tuberculosis		<i>Diabetes Type I</i>		Hepatitis (Jaundice)	Nose Bleeds
Adrenal Trouble		<i>Diabetes Type II</i>		<i>Blood pressure - High</i>	Persistent Fever
AIDS		<i>Diabetic Foot</i>		<i>Blood pressure - Low</i>	Pneumonia
Anemia (low iron in blood)		Diphtheria		<i>HIV +</i>	Polio
Anxiety		<i>Emphysema</i>		Hypertension	Rheumatic Fever
Arthritis		<i>Epilepsy</i>		<i>Inflammation of blood vessels</i>	<i>Rheumatoid Arthritis</i>
Asthma		<i>Exposure to Tuberculosis</i>		<i>Inflammation of inner organs</i>	Scarlet Fever
Auto Immune Disease		Frequent Colds		Kidney Disease	Sinusitis
Back trouble		Gall Bladder Trouble		Kidney Stones	<i>STD's</i>
Bladder Infection		<i>Gangrene</i>		Leukemia	Stomach Ulcers
<i>Bleeding Tendency</i>		General Weakness		Liver Disease	Stroke
Blood Transfusion		Glandular Fever		Liver Problems	<i>Syphilis</i>
Bronchitis		Glaucoma		Malaria	<i>Thyroid - over active</i>
Cancer		<i>Gonorrhea</i>		Marked Weight Change	<i>Thyroid - under active</i>
Cataracts		Gout		Measles	Tire Easily
Chicken Pox		Hemorrhoids		Meningitis	<i>Varicose Veins</i>
Chronic Fatigue Syndrome		Hay Fever		<i>Multiple Sclerosis</i>	Whooping Cough
ENDOCHRINE:-		CARDIO - RESPIRATORY:		NEUROLOGICAL / PSYCHIATRIC:-	MUSCULO - SKELETAL
<i>Sensitivity to Heart</i>		Irregular Heartbeat		<i>Numbness</i>	Muscle Pains
<i>Excessive Sweating</i>		Phlegm		<i>Poor Co-ordination</i>	<i>Pain in Joints</i>
<i>Excessive Thirst</i>		Wheezing		<i>Paralysis of muscles (severe)</i>	Stiffness
Excessive Hunger		<i>Pain on Breathing</i>		<i>Paralysis of muscles (mild)</i>	<i>Inflammation</i>
Excessive Urination		<i>Difficulty Breathing</i>		<i>Dizziness</i>	Muscle cramps
Sensitivity to Cold		<i>Bluish Fingers or Lips</i>		<i>Memory loss</i>	
<i>Cortisone Treatment</i>		<i>Vascular Problems - Brain</i>		<i>Tingling</i>	PLEASE LIST OTHER ILLNESSES, DISEASES AND AILMENTS THAT YOU SUFFER FROM NOT MENTIONED IN THIS LIST:-
		<i>Vascular problems - Heart</i>		<i>Tremors</i>	
CARDIO - RESPIRATORY:				<i>Unsteady Walking</i>	
Cough Persisting		NEUROLOGICAL/ PSYCHIATRIC:-		<i>Nervous Breakdown</i>	
Bloody Phlegm		<i>Nervousness</i>			

<i>Chest Pain or Discomfort</i>		<i>Depression</i>		MUSCULO - SKELETAL:-		
<i>Shortness of Breath</i>		<i>Headaches</i>		Muscle Weakness		
<i>Swelling of Ankles</i>		<i>Fainting</i>		<i>Swollen Joints</i>		
<i>Palpitations</i>		<i>Loss of consciousness</i>		<i>Deformity of Joints</i>		

Important Information:-

1. Ozone Therapy works in conjunction with a balanced Nutritional Diet
2. Ozone Therapy works in conjunction with Daily Exercise
3. Ozone Therapy might include what is called a 'Healing Crisis'. A healing crisis in effect when the body is in the process of eliminating toxins and sets the stage for regeneration. Reaction may be mild or they may be severe.

Declaration:-

The ozone practitioner cannot and will not diagnose or prescribe medication. The ozone practitioner insists that all customers having Ozone Therapy continue to see a Medical Doctor at all times. Under no circumstances will Ozone Therapy replace Medication / Therapies etc prescribed by a medical Doctor. Ozone Therapy is to be used in conjunction with Medical science and will under no circumstances replace it. The ozone practitioner does not in any way guarantee a cure for any ailment or disease. We offer a detoxification treatment of the human body through Ozone Trans dermal Therapy. There are no health claims being made in the area of Scientific validity. There is no claim being made as to the superiority of these methods over any other methods.

Indemnity:-

1. I have chosen to attend Ozone Therapy Treatments at the ozone practitioner under no duress, and agree to be treated under their supervision.
2. I have made myself familiar with the Rules, Important information and Declaration outlined by the ozone practitioner and I agree.
3. I understand that no monies paid will be refunded (or part thereof) for any reason whatsoever, regardless of whether the course has been completed or if satisfactory results have been achieved or not. Furthermore any outstanding monies will still be for the account of the applicant's details above or his/her guardian.
4. I understand that the ozone practitioner does not guarantee satisfactory or successful results of any kind.
5. I, my spouse, my child or any other dependants or representatives, will have no claim or action in the event of any loss or damage, resulting from any bodily injuries, illness, loss of life or loss of or damage of property, caused by or arising out of, or which is in any way connected with my/ our voluntary equipment. I indemnify the ozone practitioner and it's suppliers against such claims.
6. I agree that I have completed the above form of health questionnaire truthfully and honestly.

I, the above mentioned and undersigned person do hereby understand, acknowledge and agree to all of the abovementioned:-

Signature of Customer/ Guardian

Date: dd/mm/yyyy