

*INFORMED CONSENT FORM*  
*MAHAYA CAMBRIDGE*  
**INFRARED SAUNA THERAPY**  
*55 AINSLIE STREET NORTH*  
*CAMBRIDGE, ONTARIO*  
*(519-267-4885)*

**Please note that this form must be signed prior to your first infrared sauna treatment.**

You have been advised to undergo infrared sauna treatments. Your naturopathic doctor will explain the benefits and risks of the infrared sauna treatment(s) that they have recommended to you.

*Please read this information carefully.*

Infrared (IR) Sauna: IR sauna is a safe and effective therapy often included in detoxification programs and implemented for improving general well being. An IR sauna utilizes temperatures in the range of optimizing lipolysis (fat storage breakdown) to enable the removal of stored waste compounds, including pesticides and heavy metals.

**General Contraindications**

- If you have any of the conditions listed below, you cannot receive treatment. These are:
  - If you are pregnant
- If you are nauseous
- If you are under the age of 14
- If you have a pacemaker
- If you have a fever
- If you have a headache
- If you suffer from a seizure disorder
- If you have a fear of confined spaces
- If you have a tumor or metastatic cancer
- If you have any areas of your body where you have decreased sensations, open wounds or active bleeding
- If you have breathing difficulties
- If you have uncontrolled/unmedicated diabetes
- If you have uncontrolled high blood pressure
- If you are heat sensitive

**MEDICATIONS:** diuretics, barbiturates and beta-blockers may impair the body's natural heat loss mechanisms. Anticholinergics such as amitryptaline may inhibit sweating and can predispose persons to heat rash or to a mild heat stroke. Some OTC drugs, like anti-histamines, may also cause the body to be more prone to heat stroke.

**ELDERLY:** The body must be able to activate its natural cooling processes in order to maintain core body temperature. As we mature, our bodies naturally lose this capability. Guests and patients

over the age of 70 will be permitted for infrared sauna use, however, at a lower temperature.

**I understand:**

- a) The clinic does not guarantee treatment results.
- b) I do not expect the naturopathic doctor to be able to anticipate and explain all risks and complications.
- c) I voluntarily consent to the therapeutic procedures recommend to me

I hereby acknowledge that I have elected to undergo infrared sauna treatments. I recognize that this consent form covers the entire course of treatment for my present condition. I understand that I am free to withdraw my consent and to discontinue participation in these treatments any time.

I have read this statement and agree to work within its guidelines.

Patient Name (please print) \_\_\_\_\_

Signature of Patient or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*In the rare event you experience pain and/or discomfort, immediately discontinue sauna use, and exit the sauna.*