



Salt Therapy Intake & Informed Consent

Today's Date (mm/dd/yyyy): _____ Date of Birth (mm/dd/yyyy): _____

First Name: _____ Last Name: _____

Address: _____ City: _____

Zip: _____ State: _____

Phone: _____ Email: _____

Would you like us to contact you with special offers? Yes No

How did you hear about us?

I, the above named client, have requested and agreed to undergo the process of Salt therapy. I have been informed about the potential benefits, risks and consequences of Salt therapy. All my questions pertaining to Salt therapy have been answered to my satisfaction. I am satisfied with and understand the information provided as well as I acknowledge that Charm City Integrative Health recommends that all medical conditions should be treated by a physician competent in treating that particular condition. I further acknowledge that Charm City Integrative Health takes no responsibility for clients choosing to treat themselves by means of Salt therapy, which has not been evaluated by the Food and Drug Administration and is not intended to diagnose, treat, cure or prevent any disease. I understand that for all my health concerns, it is my responsibility to consult an appropriately licensed healthcare practitioner. I further release Charm City Integrative Health from any legal ramifications should an injury, death, or illness occur as a result of Salt therapy. I hereby give my consent to participate in the Salt therapy sessions entirely at my own risk.

Name (Print) (Date)

Signature