



**Whole Body Cryotherapy (WBC)
Medical History and Consent**

Name: _____ DOB: _____ Date: _____

Address: _____ City _____ State: _____ Zip: _____

Phone: _____

Referred by: _____

Primary Care Physician: _____ Phone: _____

Emergency Contact : _____ Relation: _____ Phone: _____

HIPPA compliance does not allow for email communication involving personal/identifying information, medical records, health information, or treatment recommendations. In order to communicate with your Provider via email and see medical documents such as lab results and treatment protocols, you will need to enroll in our Patient Portal. Please provide the email that you would like to use for the registration of your portal.

E-mail Address _____

(PLEASE NOTE, you cannot change the email once it has been registered)

Sonoran Naturopathic Center may use this email for appointment reminders and other communication not involving personal/medical information

YES _____ NO _____

List current medications and the respective doses:

List any conditions you are currently under medical care for:

Circle any of the following conditions that apply to you

High blood pressure (BP> 180/100 mm Hg)

Cardiac pacemaker

Recent heart attack

Angina pectoris

Raynaud's Syndrome

Anemia

Symptomatic cardiovascular disease

Arrhythmia

Venereal disease

Seizures

Lung disorder

Cold allergy/sensitivity

Other _____

Women ONLY (circle yes or no):

Are your periods regular? yes no

Are you pregnant? yes no

Do you plan to become pregnant anytime soon? yes no

What is the Whole Body Cryotherapy:

Whole body cryotherapy is the exposure of a person's skin to temperatures of -130 to -170 degrees Celsius (-238 to -274 degrees Fahrenheit) for a short time (3 minutes or less). At this extreme temperature, the body activates several mechanisms that have significant long-term medical and cosmetic benefits:

Skin:

The outer skin is briefly 'frozen', activating increased production of collagen in deeper layers of the skin (similar to laser treatments of the face, where very high temperatures are used). The skin regains elasticity and becomes smoother and even-toned, significantly improving conditions such as cellulite and skin aging.

Skin vessels and capillaries undergo severe vasoconstriction (to keep the core temperature from dropping), followed by vasodilation after the procedure. Toxins and other stored deposits are flushed out of the layers of the skin and blood perfusion is improved after several treatments.

The anti-inflammatory properties of cryotherapy are also used to treat chronic skin conditions such as psoriasis and dermatitis.

Endocrine:

The extreme cold exposure causes the body to turn up its metabolic rate in order to produce heat. This effect lasts for 5-8 hours after the procedure, causing the body to 'burn' 500 – 800 Kcal over the hours following the procedure. After several procedures, the increase in metabolic rate tends to last longer between treatments. Another 'survival reaction' to the extreme temperatures is the release of endorphins (hormones) that have analgesic and anti-inflammatory properties, and improve mood disorders. Cryotherapy has been studied for the successful treatment of medication resistant depressive disorders.

Patients furthermore experience a noticeable increase in libido, leading to the use of cryotherapy for ED and other sexual disorders.

Musculoskeletal:

The anti-inflammatory and analgesic properties of cryotherapy can drastically improve joint disorders such as rheumatoid and osteoarthritis. Athletes are using whole body cryotherapy to recover from injuries and improve their performance.

Immune System:

Cryotherapy improves the function of the immune system and decreases stress levels.

Safety Instructions for the Whole Body Cryotherapy:

1. You must wear cotton or wool socks (and underwear for men) to avoid chilblain.
2. Treatments are limited to 3 minutes per session. Overexposure to the cold temperatures may cause chilblain;
3. During treatment, you must avoid inhaling the nitrogen fumes; while non-toxic, they are devoid of oxygen and may cause fainting;

4. During treatment, you must keep your hands visible to the operator at the upper rim of the cryochamber as instructed;
5. You may end the procedure at any time if you experience any problems or anxiety;
6. Abnormal skin sensitivity to cold may be caused by certain foods, cosmetics, or medication, including but not limited to the following: Tranquilizers, High blood pressure medication;
7. A person who is less than (18) years of age may not use whole body cryotherapy without parental consent.

Contraindications to using the Whole Body Cryotherapy:

Pregnancy, severe Hypertension (BP> 180/100), acute or recent myocardial infarction (heart attack; need to be cleared for exercise), arrhythmia, symptomatic cardiovascular disease, acute or recent cerebrovascular accident (stroke; need to be cleared for exercise), uncontrolled seizures, fever, symptomatic lung disorders, bleeding disorders, infection, claustrophobia, intolerance to cold, age less than 18 years (parental consent to treatment needed), incontinence.

Risks of the Whole Body Cryotherapy:

Fluctuations in blood pressure (due to peripheral vasoconstriction, blood pressure may briefly increase by up to 10 points systolically during treatment. This effect should reverse after the end of the procedure, as peripheral circulation returns to normal), allergic reaction to extreme cold (rare), claustrophobia, anxiety, activation of some viral conditions (cold sores) etc. due to stimulation of the immune system.

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for using the cryo device (Equipment), I hereby RELEASE, WAIVE, DISCHARGE, and HOLD HARMLESS Sonoran Cryotherapy (hereinafter referred to as RELEASEE) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any damage or injury that may be sustained by me, while using the equipment or due to the use of the equipment.
2. I hereby confirm that no warranty or guarantee, or other assurance has been made to me covering the results of the cryoprocess. I have been explained and understand the administration of the process, including possible adverse reactions, side effects, or other possible complications. It is understood that this CONSENT is being given in advance of any administration of the process, and is being given by me voluntarily to use the Equipment.
3. I am fully aware of the risks connected with the use of the Equipment, and I am voluntarily participating in said Equipment usage, and entering the above named premises to engage in such usage. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS that may be engaged in such an activity.
4. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEE from any costs that may incur due to the use of Equipment by me.
5. It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and shall be deemed as a RELEASE, WAIVER, AND DISCHARGE of the above named RELEASEE. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of California.
6. I understand that the Equipment is designed for fitness and appearance enhancing use only by persons in good general health. I have been advised that if I suffer from any medical condition or illness whatsoever, I am NOT TO USE the Equipment without my doctor's written permission.

My signature below constitutes my acknowledgment that (1) I have read, understand, and fully agree to the foregoing CONSENT, (2) the proposed indoor cryo process has been satisfactorily explained to me and I have all of the information I

desire and (3), I hereby give my authorization and consent. This CONSENT shall stand as long as I use the Equipment at the location now and in the future.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read and understand the foregoing Waiver of Liability and Hold Harmless Agreement, I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate, and complete consideration fully intending to be bound by same.

Furthermore, I agree that I will comply with all instructions on the use of the cryo device and that I am using these services at my own risk. I agree to use all sessions within the terms of the contract dates and understand that refunds are not given on unused portions of purchased packages.

Participant's Printed Name

Signature

Date