

FORMOSTAR

FAR INFRARED BODY WRAP

MEDICAL QUESTIONNAIRE FORM

The Formostar Far Infrared Body Wrap system is a Class II A Medical Device and is listed on the Australian Register of Therapeutic Goods – ARTG No. 144 597. Please complete the form below to give us a better understanding of your current health and wellbeing. This will ensure you receive the maximum benefits from your session.

Information & Health Questionnaire:

(Answers to all questions are for our records only and will be held confidential).

Date: _____ Name: _____ Age: _____

Street Address: _____

City: _____ State: _____ Postcode: _____

Email Address: _____ Occupation: _____

Phone: (Business) _____ (Home) _____ (Mobile) _____

Height: _____ Weight: _____ No. Treatments Booked _____

Date of 1st Treatment _____ Female/Male

Current exercise _____ Diet Y/N

Have you ever used an infrared sauna or body wrap? Y/N

Reasons for visit, motivations, expectations _____

How did you hear about Formostar? _____

CONTRAINDICATIONS

	✓		✓
Cardiac Infarction or Weakness		Marked High or Low Blood Pressure	
Pregnancy		Constricted Coronary Blood Vessels	
Overactive Thyroid		Contact Allergies	
Severe General Infection		Blood Disorders such as Haemophilia	
Newly Acquired Shingles		Fever	
Disturbances to Kidneys and Associated Organs		Skin Diseases	
Diabetes Requiring Insulin		Open Wounds	
Severe Varicose Veins		Implanted Pacemaker	
Acute Joint Injury (1st 48 hours)		Lupus Erythematosus	
Multiple Sclerosis		Adrenal Suppression	
Artificial Joints		Enclosed Infection (dental/joint)	
Hormonal Patch or other		Epilepsy	

NOTE :

If you have any of the abovementioned medical conditions, if you have a history of any other medical condition, or you are taking prescription drugs, you will need to see your doctor and obtain a medical certificate before undertaking any Formostar body wrap sessions.

Metal pins or other surgical implants generally reflect infrared rays. Silicone implants may be warmed by the rays. Silicone melts at 200° C so it should not be adversely affected. Nevertheless you should consult your doctor before using the Formostar.

Heating of the lower back area of women may temporarily increase menstrual flow.

If there are any areas of your body that you cannot feel heat please advise your therapist.

Doctor's Name _____ Phone _____

Doctor's Approval: Written _____ Verbal _____

1. I have been fully informed and understand the use of the Formostar Far Infrared Body Wrap System and accept personal responsibility for my treatments. I understand that [SALON NAME HERE]

_____ and its staff are not liable for any injury to person caused in any way by the use of its services or premises.

2. I agree that if my medical condition changes during the course of my sessions or I do not feel well, I will advise my therapist.

3. I have voluntarily presented myself for a course of Formostar treatments and have had the procedure, possible side effects and contraindications explained to me.

4. I have been advised that the treatment will not guarantee to:

- a) Achieve a specific result for any person
- b) Diagnose any disease or other condition
- c) Cure, mitigate, treat or prevent disease
- d) Affect the structure and function of the body

5. I do not have any of the listed contraindications nor am I aware of any reason why I cannot undertake a Formostar treatment.

Client Declaration: I confirm that I have read and understood the above and represent that I have truly answered the questions in it and disclosed all matters of which I am aware in connection with those questions. I accept that [.....] THERAPIST NAME will rely on the representations made by me in this Form and I release and indemnify [.....] THERAPIST NAME, the manufacturers and distributors of the Formostar equipment against any loss of liability they may suffer as a result of any breach of such representations.

Client Name: _____ Therapist: _____

Signed: _____ Signed: _____

Date: / /

Date: / /

	1	2	3	4	5	6	7	8	9	10	11	12	TOTAL
Diff.													

BACKGROUND INFORMATION ON CLIENT

Sessions

1

7

2

8

3

9

4

10

5

11

6

12