

Client No: \_\_\_\_\_

# Salt Cave Consent Form

DATE \_\_\_\_\_

Name (First, Last): \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ C H W Male ☐ Female ☐

Occupation: \_\_\_\_\_

Do you wish to receive promotional e-mails? No ☐ Yes ☐ E-mail: \_\_\_\_\_

**(Circle all that apply)** • Military/Veteran • Senior 65+ • Student • Albany Med Employee • CDPHP Member

Emergency contact person (Name, Relationship, Telephone Number):

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Who referred you or how did you hear about the Salt Den? \_\_\_\_\_

**Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, halotherapy (salt therapy, which involves inhalation of micronized salt dispersed into the salt room air) may not be recommended. Visitors with severely altered pulmonary function should visit salt rooms only with their health care providers approval, due to the possible effects of heavy drainage and expectoration that such individuals may experience following halotherapy. Individuals with other conditions, including infectious diseases, should not receive halotherapy. Additional details provided below. If you have any existing medical conditions, please discuss the appropriateness of receiving halotherapy with your health care provider before visiting this facility. Please note, halotherapy is not recommended for those with COPD at Stage 4 or higher. It is not appropriate for children 12 months and younger to receive halotherapy.**

*Check Yes or No as it applies. For any "Yes" answers, please explain as clearly as possible.*

## Health

Within the last year have you been under a physician's care? Yes ☐ No ☐ If Yes, please explain why.

Do you have (circle all that apply)?

Asthma  
Allergies  
COPD

Eczema  
High blood pressure  
Psoriasis

Sinusitis  
Sinus infection  
Claustrophobia

Any Other Medical Conditions not Listed?

\_\_\_\_\_

Those with the following conditions should **NOT** receive halotherapy:

- Exacerbated chronic bronchial and lung system diseases
- Hemoptysis (coughing up sputum with blood) or those who are at risk for it
- Active lung tuberculosis
- Emphysema, diffuse pulmonary fibrosis with symptoms of third-stage chronic pulmonary disease (if you have COPD, stage four or higher, halotherapy is not recommended)
- Acute or severe disease of other systems or organs, unless individuals have their physician's approval
- Unstable blood pressure – those with high blood pressure should consult their health care provider to determine if halotherapy is appropriate for them.
- Any form of infectious or contagious diseases, including influenza ("flu"), or other viral diseases.
- Intoxication

---

***Children younger than 12 months are not allowed in the salt room.***

---

Please note, your halotherapy session will last 45-50 minutes. During this time, you will be in an enclosed area and are asked not to leave unless you are feeling discomfort. **Please visit the restroom before the session to minimize interruption of the session.** Yet, should you feel any form of discomfort, including but not limited to increased coughing, eye or skin irritation or other effect of being in an enclosed space with dry salt particles circulating in the air, please leave the halotherapy room immediately and contact the manager on duty.

---

I understand that the salt therapy I receive from the Salt Den is provided for relaxation and wellness support. If I experience any pain or discomfort during this session I will leave the salt room and immediately inform the manager on duty. I further understand that halotherapy should not be construed as a substitute for professional health care; and that I should obtain the services of a physician or other qualified healthcare specialist for my healthcare needs. I acknowledge that employees/representatives of Salt Den are not qualified to diagnose, prescribe or treat any physical or mental illness and that nothing said during my visit here should be construed as such. Because halotherapy should not be taken by individuals with certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. Also, I affirm that I do not have the conditions noted above that would make receiving halotherapy inappropriate. I agree to notify this establishment of any changes in my medical profile. I agree to the terms noted above and absolve Salt Den of any liability regarding any reactions, real or perceived, that I may experience after receiving salt therapy at this facility.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For minors, parental/guardian consent is required and are required to stay at the premises.**

**Parent/Guardian Signature** \_\_\_\_\_