

**SPIRO Salt Room & Massage Therapy**  
2816 Culver Road  
Mountain Brook Village, AL 35223  
www.spirotherapy.com



**We are delighted that you are here. Please answer the questions below so that we may take excellent care of you and your family. If you have any questions, do not hesitate to ask!**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (Text reminders) \_\_\_\_\_ Email: (Monthly Specials) \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Please check any conditions you (or your child) experience:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Acne                     | <input type="checkbox"/> Hay Fever                  | <input type="checkbox"/> Sore Throat           |
| <input type="checkbox"/> Asthma                   | <input type="checkbox"/> Laryngitis                 | <input type="checkbox"/> Stress                |
| <input type="checkbox"/> Bronchitis               | <input type="checkbox"/> Mood Swings                | <input type="checkbox"/> Stuffiness            |
| <input type="checkbox"/> Colds and Influenza      | <input type="checkbox"/> Neurodevelopment Disorders | <input type="checkbox"/> Tonsillitis           |
| <input type="checkbox"/> COPD                     | <input type="checkbox"/> Pneumonia                  | <input type="checkbox"/> Trouble Sleeping      |
| <input type="checkbox"/> Cough                    | <input type="checkbox"/> Psoriasis                  | <input type="checkbox"/> Wheezing              |
| <input type="checkbox"/> Cystic Fibrosis          | <input type="checkbox"/> Recent Cosmetic Surgery    | <input type="checkbox"/> (other – please list) |
| <input type="checkbox"/> Depression               | <input type="checkbox"/> Respiratory Infections     | _____  |
| <input type="checkbox"/> Dermatitis/Eczema/Rashes | <input type="checkbox"/> Runny Nose                 | _____  |
| <input type="checkbox"/> Ear Ringing              | <input type="checkbox"/> Seasonal Allergies         | _____  |
| <input type="checkbox"/> Earache/Ear Infections   | <input type="checkbox"/> Shortness of Breath        | _____  |
| <input type="checkbox"/> Emphysema                | <input type="checkbox"/> Sinusitis                  | _____  |
| <input type="checkbox"/> Fatigue                  | <input type="checkbox"/> Snoring                    | _____  |

**Halotherapy should NOT be undertaken if you are currently experiencing any of the following:**

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"><li>• Active Tuberculosis</li><li>• Fever</li><li>• Acute Inflammatory Disease</li><li>• Contagious Conditions</li></ul> | <ul style="list-style-type: none"><li>• Severe/Unstable Disorders</li><li>• Stage 3 COPD</li><li>• Intoxication</li><li>• Spitting Up Blood</li></ul> | <ul style="list-style-type: none"><li>• Uncontrolled blood pressure</li><li>• Severe Kidney Disease</li><li>• Any internal Disease In Acute Stage</li><li>• Require Oxygen</li></ul> |
|--|---|--|



Halotherapy is a 100% natural and drug-free treatment. It can be used as a complementary treatment to prescribed medications or as a stand-alone therapy. When used as a complementary therapy, it may increase the effectiveness of prescribed medications and decrease the amount needed.

Although studies conducted outside of the USA do indicate that Halotherapy appears to have health benefits as an addition to more traditional forms of medicine, SPIRO Salt Room & Massage Therapy (Family Share Concepts, LLC) does not claim to be a replacement for medication or any medical treatment of any kind. Only your physician can best advise you on matters of your health. Research supporting the use of Halotherapy has not been evaluated by the FDA.

As a client of SPIRO Salt Room & Massage Therapy (Family Share Concepts, LLC) I have requested Halotherapy. I understand the nature of Halotherapy, the potential benefits, risks, and consequences have been explained to me and all of my questions have been answered to my satisfaction.

I hereby acknowledge the unproven and unconventional nature of Halotherapy and have requested the therapy notwithstanding.

I am satisfied and understand the information provided, and I acknowledge that SPIRO Salt Room & Massage Therapy (Family Share Concepts, LLC) takes no responsibility for clients choosing to treat themselves by means of Halotherapy, which has not been evaluated by the FDA, and is not intended to diagnose, treat, cure or prevent any disease.

I understand that for all my concerns, it is my responsibility to consult an appropriate licensed healthcare practitioner. I further release SPIRO Salt Room & Massage Therapy and Family Share Concepts, LLC from any legal ramifications should injury, death, or illness occur as a result of Halotherapy.

**I have read SPIRO Salt Room & Massage Therapy Halotherapy/Salt Room information and agree to adhere to these policies.**

**Signature of Client or Guardian** \_\_\_\_\_

**Printed Name of Client or Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_

