



Client Questionnaire

Last Name _____ First Name: _____ MI: _____

Date of Birth: _____ Address: _____

City: _____ Zip Code: _____

Cell Number: _____ E-mail Address: _____

Emergency Contact Name: _____

Relationship to Client: _____

Emergency Contact Number: _____

How did you hear about us: _____

Why are you interested in cold and or heat immersion?: _____

What is your past experience with breath work and cold exposure?: _____

What is your expectation incorporating this practice into your daily life?: _____

Do you have any health conditions?

Please answer

Yes No

1. Are you currently healthy?

2. Do or did you suffer from one of the following conditions:

• Heart diseases?

• Serious hypertension?

• Epilepsy?

• Kidney failure?

- Serious asthma?
- Recently performed surgery?
- Migraine?
- Auto-immune diseases (rheumatism, MS, Crohn, diabetes, asthma)

If yes, which one? _____

- Other conditions
- Please specify: _____

3. Do you currently use:

- Medication for the heart
- What medication do you use?

4. Are you allergic to a certain substance? (food/environment etc.)

if yes, please specify: _____

5. Are you currently pregnant or do you wish to become pregnant?

6. Is there anything else your practitioner should know about? _____

7. I hereby declare to have filled out this form truthfully.

Today's Date: ____/____/____

Signature of participant: _____

Items To Bring

- Two Towels (one to dry your body and one to place on the sand to stand)
- warm clothes to wear during hike and put on after immersion
- bathing suit
- water Booties or tevas
- hat and gloves (just in case your body has a hard time warming up, covering your head is a great way to speed up the process)
- Thermos of tea or warm water (this helps the body warm up if you are needing a little extra assistance)
- Hiking shoes