Float Intake Form

Welcome to

Our goal is to deliver the best experience possible. To customize your experience and exceed your expectations please complete the questions below.

Name: _____

Email:_____

Cell Phone: _____

Mailing Address: _____

Zip Code: _____ Date of Birth:_____

Occupation:_____ Referred by:_____

Preferred Method of Contact: Phone Email

Would you like Appointment Reminders sent to your Cell Phone? Yes or No

It is not advisable to engage in certain treatments where specific medical conditions exist.

Please review and check those conditions that have affected your health either recently or in the past. Place a check mark next to the conditions:

___ Arthritis	___ Depression, panic disorder, other psych condition	
___ Diabetes	___ Diverticulitis	___ Hepatitis (A, B, C, etc.)
___ Blood clots	___ Headaches	___ Pregnancy
___ Broken/dislocated bones	___ Heart conditions	___ Skin Conditions
___ Bruise Easily	___ Back Problems	___ Scoliosis
___ Cancer	___ High/ Low blood Pressure	___ Stroke
___ Chronic Pain	___ Spinal Injuries	___ Seizures
___ Constipation/Diarrhea	___ Muscular Disorder	___ Surgery
___ TMJ disorder	___ Chemical Dependency	___Auto- Immune condition*
___ Vertigo		*AIDS, Lupus, Rheumatoid Arthritis, etc.

If any of the above needs to be detailed or if there is anything not listed, please explain:

_____

_____

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Do you have any allergies? (Cosmetics, ingredients, food, iodine, medications, latex, etc.)

___No ___Yes (Please specify) _____

Are you currently undergoing chemotherapy or radiation therapy?

___No ___Yes (Please specify) _____

Are you currently taking any medications, herbs, or vitamins? (Internal or Topically)

__No ___Yes (Please specify) _____

Is there anything else we should know that may affect your treatment?

Other (Please specify) _____

Have you had or currently have any of the following within the last 5 days?

___Skin rash ___Cold/Flu/ ___Open cuts ___Injuries/bruises
___Anything contagious ___Severe pain: _____

Women only Do any of the following pertain to you currently?

___Hormonal Problems ___Pregnant ___Lactating
___Menopause ___Hormonal Birth Control ___Regular Menstruation

Are you currently wearing: ___ contact lenses ___ hearing aid ___ hairpiece

Please record any injuries, surgeries, or accidents and when they occurred (month/year)

_____

_____

_____

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To ensure a comfortable, clean, and safe floatation experience, I agree to the following:

Please check each box.

- ☐ I am not under the influence of any medication, drug, or alcohol
- ☐ I do not have kidney disease
- ☐ I do not suffer from uncontrolled seizures or epilepsy
- ☐ I am not currently menstruating
- ☐ I have consulted with, and secured written permission from my physician to use the Floatation Cabin if I am pregnant
- ☐ I understand that using any self-tanning products or hair coloring must be complete at least 48 hours prior to floating.
- ☐ I agree to the mandatory 5-minute shower (full shampoo and body scrub) prior to floating, even if I have just showered prior to arrival. I agree to only use the shampoo and body wash provided prior to floating. Contamination of the spa water with outside products, bodily fluids, hair dye, etc. is my financial responsibility (up to a total of $1000).
- ☐ I understand and will comply with the 24-hour rescheduling policy. Rescheduling within 24 hours of your scheduled experience will incur the full-service fee.

I further understand that each individual may have a unique experience. I have been given an orientation which familiarized me with the safe and appropriate use of the cabin. I agree to take full responsibility for my thoughts and actions while in the floatation cabin and the waiver of liability and all agreements made herein shall apply to each and every use of the floatation cabin.

I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Revival Float Spa and its employees. I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of Texas. I have read in its entirety and fully understand this Floatation Release Form.

Signature: _____ Date: _____