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Informed Consent for Infrared Sauna Treatments

Please note that this form must be signed prior to your first infrared sauna treatment.

You have been advised to undergo infrared sauna treatments. Your naturopathic doctor will explain the benefits and risks of the infrared sauna treatment(s) that they have recommended to you.

Please read this information carefully.

Infrared (IR) Sauna: IR sauna is a safe and effective therapy often included in detoxification programs and implemented for improving general well being. An IR sauna utilizes temperatures in the range of optimizing lipolysis (fat storage breakdown) to enable the removal of stored waste compounds, including pesticides and heavy metals.

General Contraindications

If you have any of the conditions listed below, you cannot receive treatment. These are:

- If you are pregnant
- If you are nauseous
- If you are under the age of 14
- If you have a pacemaker
- If you have a fever
- If you have a headache
- If you suffer from a seizure disorder
- If you have a fear of confined spaces
- If you have a tumor or metastatic cancer

- If you have any areas of your body where you have decreased sensations, open wounds or active bleeding
- If you have breathing difficulties
- If you have uncontrolled/unmedicated diabetes
- If you have uncontrolled high blood pressure
- If you are very heat sensitive

I understand:

- The clinic does not guarantee treatment results.
- I do not expect the naturopathic doctor to be able to anticipate and explain all risks and complications.
- I voluntarily consent to the therapeutic procedures that have been recommended to me.

I hereby acknowledge that I have elected to undergo infrared sauna treatments. I recognize that this consent form covers the entire course of treatment for my present condition. I understand that I am free to withdraw my consent and to discontinue participation in these treatments at any time.

I have read this statement and agree to work within its guidelines.

Patient Name (Please print): _____

Signature of Patient or Guardian: _____ Date: _____