

# CUSTOMER INFORMATION FORM

<b>Acc No.</b>
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Personal Information:-	
Name:	Gender: <b>M</b> <b>F</b>
Surname:	Age: <span style="float: right;">- Parent/Guardian signature</span>
Parent / Guardian Name and Surname:	ID Number:
Occupation:	Email:
Contact: (H)	Contact : (W)
Contact: (C)	
Physical Address:	Postal Address:
Code:	Code:
Medication:-	
Do you take any Medication: <b>YES</b> <b>NO</b> - this includes vitamins, supplements, hormones, over-the-counter drugs, prescribed medication, etc.	
If YES please list medication below:	Please state what medication is used for:
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
Particulars of your medical doctor:-	
Name:	Contact Number:
Particulars of a friend or family member:-	
Name:	Contact Number:
Important Questions:-	
Have you taken any medication in the last 4 hours?	<b>YES</b> <b>NO</b>
Have you taken anything containing Vitamin C in the last hour?	<b>YES</b> <b>NO</b>
Have you had an alcoholic beverage within the last 8 hours?	<b>YES</b> <b>NO</b>
General Health Information:-	
Are you currently undergoing any of the following:	Do you drink alcohol? <b>YES</b> <b>NO</b>
Chemotherapy <b>YES</b> <b>NO</b>	Do you smoke? <b>YES</b> <b>NO</b>
Radiation Therapy <b>YES</b> <b>NO</b>	Do you take any illegal Drugs? <b>YES</b> <b>NO</b>
Please list all Allergies:- (food, medication, chemicals etc)	Please list operations had in the last 6 months:- (please specify date)
Please circle your fitness level: <b>Poor</b> <b>Good</b> <b>Excellent (Athlete)</b>	
Please state your main reason for wanting Ozone Therapy:-	
Heat/Steam and Ozone Information:-	
1. Heat applied in a Sauna of any kind can have adverse side effects a. Cardiovascular problems and some Diseases are just two examples of heat sensitive ailments.	
2. Ozone does not need heat to be effective only a moist environment. a. All temperatures are regulated by [Business Name here] b. Temperatures in the Ozone Chambers might be increased over time if deemed necessary	
3. There are no side effects from Ozone	
Rules:-	
PLEASE TICK THAT YOU HAVE READ THE BELOW:-	
1. If you are actively taking any medication (blood pressure medication, insulin, contraceptive medication, prescribed medication etc) we strongly advise that all medication is taken 4 HOURS PRIOR and 4 HOURS AFTER an Ozone Therapy treatment – Ozone neutralizes chemicals.	
2. If you are currently receiving Radiation or Chemotherapy treatment we strongly advise that you WAIT 4 DAYS AFTER these treatments before having an Ozone Therapy treatment. Please inform your Doctor that you are receiving Ozone Therapy.	
3. Do not have an alcoholic beverage WITHIN 8 HOURS PRIOR to an Ozone Therapy treatment – Increased heart rate and heart size	

4. If you are pregnant we will not under any circumstances administer Ozone Therapy. If you are not 100% sure about your pregnancy status we will not administer Ozone Therapy. – Increased babies heart rate
5. Do not take anything containing Vitamin C for 1 HOUR BEFORE or 1 HOUR AFTER an Ozone Therapy Session – Vitamin C destroys Ozone

**Do you have/suffer from anyone of the following:  
NO OZONE THERAPY ALLOWED IF YES TO ANY OF THE BELOW**

Acute Alcohol Intoxication <b>YES NO</b>	Platelet Disorder (Hemophilia) <b>YES NO</b>
Recent Heart Attack / Stroke (within 3 month) <b>YES NO</b>	Pregnant <b>YES NO</b>
Active Bleeding from ANY site (internal & external) <b>YES NO</b>	Thrombocytopenia (Thrombosis) <b>YES NO</b>

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**Do you currently suffer from any of the following:-  
PLEASE TICK BOX:-**

**GENERAL:-**

Acute Infection	<b>Circulation Problems</b>	<b>Heart Disease</b>	Mumps
<b>Acute Tuberculosis</b>	<b>Diabetes Type I</b>	Hepatitis (Jaundice)	Nose Bleeds
Adrenal Trouble	<b>Diabetes Type II</b>	<b>Blood Pressure - High</b>	Persistent Fever
AIDS	<b>Diabetic Foot</b>	<b>Blood Pressure - Low</b>	Pneumonia
Anemia (low iron in blood)	Diphtheria	<b>HIV+</b>	Polio
Anxiety	<b>Emphysema</b>	Hypertension	Rheumatic Fever
Arthritis	<b>Epilepsy</b>	<b>Inflammation of Blood Vessels</b>	<b>Rheumatoid Arthritis</b>
Asthma	<b>Exposure to Tuberculosis</b>	<b>Inflammation of Inner Organs</b>	Scarlet Fever
Auto Immune Disease	Frequent Colds	Kidney Disease	Sinusitis
Back Trouble	Gall Bladder Trouble	Kidney Stones	<b>STD's</b>
Bladder Infection	<b>Gangrene</b>	Leukemia	Stomach Ulcers
<b>Bleeding Tendency</b>	General Weakness	Liver Disease	<b>Stroke</b>
Blood Transfusion	Glandular Fever	Liver Problems	<b>Syphilis</b>
Bronchitis	Glaucoma	Malaria	<b>Thyroid – over active</b>
Cancer	<b>Gonorrhea</b>	Marked Weight Change	<b>Thyroid – under active</b>
Cataracts	Gout	Measles	Tire Easily
Chicken Pox	Hemorrhoids	Meningitis	<b>Varicose Veins</b>
Chronic Fatigue Syndrome	Hay Fever	<b>Multiple Sclerosis</b>	Whooping Cough

<b>ENDOCRINE:-</b>	<b>CARDIO – RESPIRATORY:</b>	<b>NEUROLOGICAL / PSYCHIATRIC:-</b>	<b>MUSCULO – SKELETAL:-</b>
<b>Sensitivity to Heat</b>	<b>Irregular Heartbeat</b>	<b>Numbness</b>	Muscle Pains
<b>Excessive Sweating</b>	Phlegm	<b>Poor Co-ordination</b>	<b>Pain in Joints</b>
<b>Excessive Thirst</b>	Wheezing	<b>Paralysis of muscles (severe)</b>	Stiffness
Excessive Hunger	<b>Pain on Breathing</b>	<b>Paralysis of muscles (mild)</b>	<b>Inflammation</b>
Excessive Urination	<b>Difficulty Breathing</b>	<b>Dizziness</b>	Muscle Cramps
Sensitivity to Cold	<b>Bluish Fingers or Lips</b>	<b>Memory Loss</b>	<b>PLEASE LIST OTHER ILLNESSES, DISEASES AND AILMENTS THAT YOU SUFFER FROM NOT MENTIONED IN THIS LIST:-</b>
<b>Cortisone Treatment</b>	<b>Vascular problems – Brain</b>	<b>Tingling</b>	
	<b>Vascular problems - Heart</b>	<b>Tremors</b>	
		<b>Unsteady Walking</b>	
<b>CARDIO – RESPIRATORY:</b>	<b>NEUROLOGICAL / PSYCHIATRIC:-</b>	<b>Nervous Breakdown</b>	
Cough Persisting	<b>Nervousness</b>		
Bloody Phlegm	<b>Depression</b>	<b>MUSCULO – SKELETAL:-</b>	
<b>Chest Pain or Discomfort</b>	<b>Headaches</b>	Muscle Weakness	
<b>Shortness of Breath</b>	<b>Fainting</b>	<b>Swollen Joints</b>	
<b>Swelling of Ankles</b>	<b>Loss of consciousness</b>	<b>Deformity of Joints</b>	
<b>Palpitations</b>			

**Important Information: -**

- Ozone Therapy works in conjunction with a balanced Nutritional Diet
- Ozone Therapy works in conjunction with Daily Exercise
- Ozone Therapy might induce what is called a 'Healing Crisis'. A healing crisis is in effect when the body is in the process of eliminating toxins and sets the stage for regeneration. Reactions may be mild or they may be severe.
- The amounts of Ozone administered and Temperatures administered are regulated by [Business Name here].

**Declaration:-**

[Business Name here] cannot and will not diagnose or prescribe medication. [Business Name here] insists that all customers having Ozone Therapy continue to see a Medical Doctor at all times. Under no circumstances will Ozone Therapy replace Medication / Therapies etc prescribed by a Medical Doctor. Ozone Therapy is to be used in conjunction with Medical science and will under no circumstances