



CryoBoost Allen – 801 S Greenville Ave., Suite 115 – 469.534.7824

Physical Readiness Questionnaire

Name_____Date_____

Address_____

City_____State_____Zip_____

Date of Birth_____Height_____Weight_____Mobile Phone_____

Can we text you appointment reminders/updates? (please circle) Yes / No

Email_____Gender: M_____F_____

Are you training for an event or do you play high school, college or professional sports? Yes / No If yes, please list:_____

Are you currently under medical care for any reason? If yes, please explain:_____

What are you trying to accomplish with cryotherapy? CryoBoost can help with injury/workout/surgery recovery, pregame preparation, sleep/mood, and gives the body a reset/detox:_____

Who were you referred by?_____

Emergency Contact/Phone_____

Contraindications Acknowledgement

Severe Cardiovascular Conditions (Sorry *it is so LONG – just have to fill out once!*)

Do you now or have you ever had Untreated Hypertensions?

Yes_____ No_____

Do you now or have you ever had Peripheral Arterial Occlusive Disease?

Yes_____ No_____

Have you ever had a Heart Attack?

Yes_____ No_____

Do you now or have you ever had Valvular Heart Disease?

Yes_____ No_____

Do you have Unstable Angina Pectoris?

Yes_____ No_____

Do you now or have you ever had Ischemic Heart Disease?

Yes_____ No_____

Do you now or have you ever had any heart surgery conditions?

Yes_____ No_____

Do you now or have you ever had a Pacemaker or Defibulator?

Yes_____ No_____

Do you now or have you ever had Decompensating Diseases (edema) of the Cardiovascular System?

Yes_____ No_____

Respiratory system, congestive heart failure, COPD, or chronic liver disease?

Yes_____ No_____

Circulatory/Skin Conditions

Do you now or have you ever had Deep Vein Thrombosis (DVT)?

Yes_____ No_____

Do you now or have you ever had Circulatory Dysfunction?

Yes_____ No_____

Do you now or have you ever had Raynaud's Disease?

Yes_____ No_____

Do you have Bacterial or Viral infections of the skin?

Yes_____ No_____

Wound healing disorders (open sores or discharging wound/skin conditions)?

Yes_____ No_____

Do you now or have you ever had Vasculitis?

Yes_____ No_____

Do you have varicose veins?

Yes_____ No_____

Blood Disorders

Do you now or have you ever had Severe Anemia?

Yes_____ No_____

Do you now or have you ever had Heavy Menstrual Disease (abnormal bleeding)?

Yes_____ No_____

Do you now or have you ever had conditions of the Nervous System / Kidney & Liver function?

Yes_____ No_____

Do you now or have you ever had Diabetes?

Yes_____ No_____

Do you now or have you ever had Acute Kidney or Urinary Tract Diseases?

Yes_____ No_____

Do you now or have you ever had Seizure disorders?

Yes_____ No_____

Do you now or have you ever had Hyperhidrosis – heavy perspirations?

Yes_____ No_____

Do you now or have you ever had Polyneuropathies?

Yes_____ No_____

Other General Health Conditions

Do you now or have you ever had Acute Febrile Respiratory problems
(Flu like respiratory conditions)?

Yes_____ No_____

Are you Claustrophobic?

Yes_____ No_____

Do you now or have you ever had Cold Allergenic Phenomenon
(known allergy to cold contractants)?

Yes_____ No_____

Do you now or have you ever had any Alcohol or Drug related contraindications?

Yes_____ No_____

Do you have a bone fracture?

Yes_____No_____ If yes, you cannot do a NormaTec MVP session if the fracture is going to be in the Normatec sleeves.

Female Section

Are you Pregnant or trying to get Pregnant?

Yes_____ No_____

Are you nursing?

Yes_____No_____If yes, you are required to wear a sports bra in the cryo sauna.

Waiver & Release Agreement-----

Please Read Carefully Before Signing

This is a release of liability and a wavier of certain legal rights.

A whole body cryotherapy session involves exposure to extreme cold temperature for a short period of time (not to exceed three (3) minutes per session). Below is a list of absolute 'Contraindications' which will preclude you from whole body cryotherapy (Your doctor can give permission for some). In addition, PLEASE BE AWARE, that if you experience any pain or mental or physical discomfort at any time during the process, you are advised to terminate the session immediately upon you own volition. You will be observed by a technician the entire time while in the chamber, but are free to walk out of the chamber at any time.

Absolute Contraindication-----

- Untreated Hypertension
- Heart Attack within previous 6 months
- Decompensating diseases (edema) of the cardiovascular and respiratory system;
- Congestive Heart Failure
- COPD
- Chronic Liver Disease
- Unstable Angina Pectoris
- Pacemaker
- Peripheral Arterial Occlusive Disease
- Deep Vein Thrombosis (DVT) or known circulatory dysfunction (blood clots)
- Acute Febrile Respiratory (Flu like respiratory conditions)
- Acute kidney and urinary tract diseases
- Severe Anemia
- Cold Allergenic Phenomenon (known allergy to cold contactants)
- Heavy consumerist diseases (abnormal bleeding)
- Seizure disorders
- Bacterial and viral infections of the skin, wound healing disorders (open sores or discharging wound/skin conditions)
- Alcohol and drugs relative contraindication
- Valvular Heart Disease
- Condition after heart surgery
- Ischemic Heart Disease
- Raynaud's Disease
- Polyneuropathies
- Pregnancy
- Vasculitis
- Claustrophobia
- Hyperhidrosis – heavy perspiration
- Diabetes (must have doctor grant permission)

This list was developed as a consensus list at a Medical Symposium in 2006 and agreed upon in writing by twelve attendees. It of course may not be all inclusive, so if you have any particular health problem which you believe would preclude you from participating in exposure to extreme cold, please check with your treating physician.

Liability, Medical Release & Indemnification Agreement-----

In consideration for being permitted by CryoBoost to participate in their Whole Body Cryotherapy or Normatec MVP sessions, I hereby waive any and all claims and damages for personal injury, death or COVID-19 which may occur as a result of my participation. I understand and agree that:

1. I have no Absolute Contraindications listed on page four for Whole Body Cryotherapy
2. This release is intended to discharge in advance Cryoboost, its' officers, officials, employees, agents and volunteers from and against all liability arising out of or connected in any way with my participation in these activities;
3. Participation may involve risk of serious injury, illness, disability or death and may result not only as a result of my actions, negligence or inaction, but also from the action, negligence or inaction of others, including their owners, officers, officials, employees, or volunteers and may result from the conditions of the facilities, equipment, or areas where such activities are being conducted;

4. Knowing the risks involved and the contraindications related, I nevertheless voluntarily choose to participate;
5. I will indemnify and hold harmless CryoBoost, its' owners, officers, officials, employees and volunteers from any loss, liability, damage, cost or expense, including litigation of any form, arising out of or connected in any manner with my participation in such activities;
6. I am in good health and have no physical condition expressed in the 'Absolute Contraindications' or otherwise which would preclude me from safely participating in such activities;
- 7.
8. I understand and agree that this release is intended to be as broad and inclusive as permitted under Texas law and that if any portion of this Hold Harmless, Release and Indemnification Agreement should be determined to be invalid, it is my intent that the remaining provisions shall continue in full force and effect.

I HAVE CAREFULLY READ THIS RELEASE INDEMNIFICATION AND HOLD HARMLESS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A POTENTIAL CONFLICT BETWEEN MYSELF, AND MY HEIRS AND CRYOBOOST. I VOLUNTARILY AGREE TO EACH OF THE TERMS AND PROVISIONS HEREIN AND SIGN THIS OF MY OWN FREE WILL.

May we use a photograph of you taken at our facility on our website, in social media, or in promotional materials? (Check one) Yes_____ No_____

Sign your first and last name below as your representation that you have read and agree to the Liability and Medical Release and Indemnification waiver in its entirety.

Signed by:_____

Print Name:_____

Date:_____

Parent's Signature (if customer is under 18)

If under 18 years of age, parental consent is required.

Whole Body Cryotherapy Protocols.

Please initial each

You must wear **gloves, socks, and slippers** (provided for you): _____

Males must wear cotton blend briefs: _____

You **can not have** anything **WET** on your body such as excess sweat, socks or undergarments: _____

You cannot have **METAL**, or jewelry on during session (earrings & metal under the skin is ok): _____

Do not lower your head or face into the nitrogen during the session: _____

Keep your chin head up, and **DO NOT INHALE** nitrogen: _____

You must rotate every 15 seconds or shuffle continuously during the session: _____

You must wipe off ointments or prescribed topical medicines: _____

Hydrate after session to flush toxins – 32 to 48 ounces. It is best to **EAT** before cryo: _____

Maximize NormaTec leg compression by hydrating during the session: _____

If you get **LIGHT-HEADED** or **DIZZY** we will halt the cryo session: _____

No Spray on tan within the last 48 hours _____

Stretching, Yoga and Foam Rolling immediately after Cryo is recommended _____

Tension headaches can occur after the first visit. Try to stay relaxed in during Cryo_____

We will match online Groupon and Living Social CryoBoost Deals (just come in the office to purchase) _____

We accept most Health Savings Accounts (HSA cards) _____

If you need a Medical Excuse Note for school let us know. _____

It is recommended to do multiple sessions (3 to 7) of cryo to see the best results. Many people do maintenance sessions of once a week or every 2 weeks. _____

Please leave socks loose and place in one of the laundry hampers. Thanks!_____

Celluma – Phototherapy/Light Contraindications

- Women who are pregnant should consult their physician before beginning LED light therapy treatments *Clients with Epilepsy should consult their physician before beginning LED light therapy treatments. *You must wait five days after Botox or cosmetic fillers *Some Thyroid Conditions (consult your physicians)

Cautions with Medications because of Light Sensitivity

- Chlorpromazine (Anti-psychotic), also known as Thorazine, Chlorpromazine Hcl, Sonazine. You can be treated if the medication has not been taken within the last eight days.
- Griseofulvin (Anti-Fungal), also known as Grifulvin V, Fulvicin P/G, Gris-Peg. You can be treated if the medication hasn't been taken in the last five days.
- Isotretinoin (Anti-Acne), also known as Accutane. You can be treated if the medication has not been taken within the last six months.
- Tetracycline's (antibiotic) also known as Helidac, Terra-Cortril, Terramycin, Sumycin, Tetracycline Hcl, Bristacycline, Achromycin V, Actisite, Tetrex, Doxycycline, Ciprofloxacin. You can be treated if the medication has not been taken within the last five days.
- Tretinoin (Anti-Acne), also known as Retin-A, Renova, Atralin, among others. You can be treated if Tretinoin is used only night.
- Methotrexate (Anti-Arthritis & Anti-Cancer), also known as Methotrexate Sodium, PF & LPF, Mexate-AQ, Folex, Trexall. You can be treated if the medicine has not been taken within the last three days.
- Amiodarone (Anti-Arrhythmic), also known as Amiodarone Codarone x, Pacerone. Treatment can be administered only with your physician's written permission.

Are you on any of these medications? Yes_____ No_____