



Areté Float Tank & Personal Optimization Studio

Intake Form

Please fill out completely. We will never share your information with anyone without consent, for any reason.

Name: _____ Preferred Name: _____

Phone: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Occupation: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

How did you hear about us? _____

What areas of your life do you hope floating will help improve? Check as many as needed

CLINICAL GOALS:

- ☐ Stress Relief
- ☐ Reduce Stress-Related Illness
- ☐ Depression Relief
- ☐ Anxiety Relief
- ☐ PTSD Symptom
- ☐ Fibromyalgia Relief
- ☐ Eating Disorder
- ☐ Eliminate Addictive Behaviors

PHYSICAL GOALS:

- ☐ Increased Energy
- ☐ Alleviate Physical Pain
- ☐ Athletic Enhancement
- ☐ Rapid Physical Recovery
- ☐ Headache Relief
- ☐ Lower Blood Pressure
- ☐ Improve Sleep Quality
- ☐ Speed Jet-Lag Recovery

MENTAL GOALS:

- ☐ Increase Motivation
- ☐ Improve Concentration
- ☐ Improve Problem-Solving
- ☐ Increase Creativity
- ☐ Increase Intuition
- ☐ Meditation Practice
- ☐ Personal Growth
- ☐ Elevate Mood

Any additional therapy goals not listed above:

If experiencing physical pain, where is this pain:

What do you currently do to alleviate the above concerns?

List anything that has not worked for you:

Are you currently taking any medications, supplements, or vitamins? ☐ **Yes** ☐ **No**

If yes, what and how often? _____

Please list any additional medical conditions: _____

Have you shaved/ waxed in the last 36 hours? ☐ **Yes** ☐ **No**

Do you wear contacts? ☐ **Yes** ☐ **No**

Have you ever floated before? ☐ **Yes** ☐ **No**

If 'yes', when was the last time & where: _____

Tell us about your last experience (good, bad, magical, etc): _____

Are there other Therapies/ services you would like offered here? _____



Waiver & Professional Agreement

We want you to have an amazing and safe experience with us and request that you be aware of and agree to the following information and policies:

Facilities: Amenities provided include: Towel, washcloth, ear plugs, shampoo/body wash, and shower. It is up to each individual to take caution to prevent slipping or falling as floor surfaces may be wet even though it is slip resistant. The facility is cleaned between each session. Additionally, the tank is fully filtered and sanitized between each session in accordance with the floatation tank community standards as well as North Carolina Health Code.

Fees: Float sessions are up to 90 minutes. Fees vary based on the desired service package and practice commitment. These fees are subject to change. We require payment for services at the time of service.

Cancellation Policy: You must cancel scheduled sessions 24 hours in advance; otherwise, we may bill you for 100% of the normal session fee, even if the cancellation was unavoidable (currently enrolled members are exempt from this policy)

I Agree that I WILL NOT float:

- If I have not adequately showered to remove all dirt, sock lint, skin & hair products, cosmetics ect.
- If I have any communicable or infectious diseases or illness', skin disorders, large cuts, open sores, or wounds.
- If I have used a self tanner or had a professional spray tan in the past 72 hours.
- If I have recently (in the past 40 days) had my hair dyed at home or professionally.
- Without consulting my physician if I am taking medication under frequent physician's care, or have a history of heart trouble, kidney trouble, diabetes, schizophrenia, epilepsy, seizures, blackouts, or adverse reactions to deeply relaxed states and/or magnesium.
- If I have incontinence, or voluntarily/involuntarily release of bodily fluids of any kind.
- Under the influence of alcohol, and/or illicit drugs.
- If I am unable to safely enter and exit the pod alone or am without assistance present during the duration of the session
- If I am under 18 without the presence of a parent or guardian on premise for the duration of the session.

I AGREE:

- To shower thoroughly before floating and to only use the products that are provided by the facility.
- And acknowledge that use of scented products such as perfume, body sprays, muscle rubs, or burning incense are prohibited.

I Understand That:

- I understand that Areté Float Tank and Personal Optimization Center, LLC reserves the right to refuse service to anyone.
- I am choosing to use floatation therapy of my own free will and will not hold the owner/operator or Areté Float Tank & Personal Optimization Studio, LLC liable for any injury during a session or while on the premises.
- The Floatation Tank contains Pharmaceutical grade Magnesium Sulphate, Water, and Bromine (2ppm) as ordered by the NC Health Department , and that some people may experience skin allergies, discomfort or other reactions to this solution.
- A cleaning fee of \$1000 will be applied if an incident caused by myself occurs damages relevant to conditions stated herein, additionally to compensate Areté Float Tank & Personal Optimization Studio, LLC for any lost revenue because of incident of water contamination from hair dye, tanning products, and/or bodily fluids, or any other breach of conditions stated herein.
- This signed document represents an agreement between us, which you may revoke in writing at any time.

INITIAL: I understand that the float tank solution is not discarded between floats, but is filtered, sanitized and recycled; that our tanks are inspected between every single float; and that violation of any of these rules that results in contamination of the float tank solution may result in a cleaning or salt replacement fee of \$200-\$1000.

Print Name: _____ Signature: _____ Date: _____

Signature of Parent or Legal Guardian, if under 18: _____