



### Client Intake Form

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parent's Name (If under the age old 18) \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_  
Relationship \_\_\_\_\_ How did you Hear About us? \_\_\_\_\_

The information contained both herein and on our website is designed to disseminate general information. It is not intended to give medical or pharmacological advice, and as such, should not be relied upon as a substitute for professional medical advice.

I understand and acknowledge that by entering the premises and employing any of the services offered by Smoky Mountain Salt Room at Ratcliff Chiropractic:

1. I assume all known, latent or anticipated risks;
2. My participation at Smoky Mountain Salt Room is purely voluntarily and no warranties or representations were made to me by its management to induce me to participate;
3. I shall assume full responsibility for myself and any of my guests and/or invitees;
4. I understand that Smoky Mountain Salt Room does not evaluate or diagnose my health, and I have received medical clearance prior to engaging in halotherapy activities;
5. I have been advised of the following possible side effects: Dry or itchy throat, nasal drip, and increased coughing at the beginning. This is a natural part of the cleaning process of the respiratory system, during which the pollution, accumulated over time, and now loosened up by the salt, is expelled from even the deepest regions of the lungs. Such side effects should cease with the removal of pollution and pathogens. Skin irritation and dermal sensitivity may occur. In such cases, decrease the frequency of sessions.
6. Smoky Mountain Salt Room has neither applied for or received approval by the Food and Drug Administration or any other consumer protection group;
7. The use of the room at Smoky Mountain Salt Room has not been evaluated by the Food and Drug Administration or any other agency;

8. The use of halotherapy is not intended to treat, cure or prevent any illness or condition. All medical conditions should be treated by a physician competent in treating that particular condition. Smoky Mountain Salt Room assumes no responsibility for customers choosing to treat themselves;

9. All products and services provided by Smoky Mountain Salt Room, including written information, labels, brochures and flyers, as well as information provided orally or in any other medium of communication, have not been evaluated by the Food and Drug Administration and are not intended to diagnose, treat, cure or prevent any disease. For all your health concerns, please consult an appropriately licensed healthcare practitioner.

The use of halotherapy is not intended to substitute for medical care or treatment. Do not stop your medication without first consulting with your medical doctor or medical professional. Halotherapy is NOT a substitute for any conventional medication. The information contained herein is not intended to cover all possible uses, directions, precautions, warnings, drug interactions, allergic reactions, or adverse effects. If you have any questions about Halotherapy or possible contraindications, please consult with your primary care physician.

LIMITATION OF LIABILITY. YOU AGREE THAT NEITHER SALT THERAPY, NOR ANY PERSON ASSOCIATED WITH SALT THERAPY, SHALL BE LIABLE FOR ANY DAMAGE RESULTING FROM YOUR USE OF SMOKY MOUNTAIN SALT ROOM (HALOTHERAPY) AND ITS FACILITIES. THIS LIMITATION OF LIABILITY COVERS CLAIMS BASED ON WARRANTY, CONTRACT, TORT, STRICT LIABILITY, AND ANY OTHER LEGAL THEORY. THIS PROTECTION COVERS RATCLIFF CHIROPRACTIC, ITS MEMBERS, EMPLOYEES, AGENTS, AND SUPPLIERS. THIS PROTECTION COVERS ALL LOSSES INCLUDING, WITHOUT LIMITATION, DIRECT OR INDIRECT, SPECIAL, INCIDENTAL, CONSEQUENTIAL, EXEMPLARY, AND PUNITIVE DAMAGES, PERSONAL INJURY/WRONGFUL DEATH, LOST PROFITS, OR DAMAGES RESULTING FROM USE OF SMOKY MOUNTAIN SALT ROOM (HALOTHERAPY) AND ITS FACILITIES.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Client Signature: \_\_\_\_\_

Client Name: \_\_\_\_\_