



CONFIDENTIAL

Whole Body Cryotherapy / NovoTHOR (Intake Form)

Please, fill in, read carefully and sign before the first procedure.

First Treatment Date : _____

Your Name _____

Address: _____
(street)

(Apt., Unit, etc.)

_____, _____
(City) (State)

(Postal Code)

Home Phone _____ Cell Phone _____

Email _____ Sex: M ___ F ___

Date of Birth _____ (If under 18 years of age, parental consent is required. Please complete below for consent of a minor. Customers are required to be a minimum of 13 years of age for use of the whole-body cryotherapy chamber.)

FOR MINORS ONLY: Emergency Contact

Contact Name: _____

Contact Phone _____ Contact Relationship _____

How did you hear about Mile High Recovery?

ARE YOU TAKING ANY PRESCRIPTION DRUGS AT THE MOMENT? If yes, please, specify, what and for what condition: Yes No

DO YOU HAVE ANY ENVIRONMENT RELATED ALLERGIES (such as cold allergies, or alike)? If yes, please, specify: : Yes No

ARE YOU CURRENTLY UNDER MEDICAL CARE FOR ANY REASON? If yes, please explain shortly:

Yes No

WOMEN ONLY: ARE YOU PREGNANT? Yes No

If you answered yes, Whole Body Cryotherapy and NovoTHOR are Contraindicated and you may not receive treatment without a doctors consent and approval.

YOUR PRIMARY CARE PHYSICIAN IS:

Any contact info: _____

DO YOU HAVE (check all that apply):

High blood pressure: _____

Pacemaker or Defibrillator: _____

Any cardiovascular system disorders: _____

Asthma: _____

Shortness of breath: _____

Bleeding tendency: _____

Epilepsy: _____

Any other illness or disorder: _____

HAVE YOU HAD (please, tick):

Heart attack: _____

Stroke: _____

Sudden loss of consciousness: _____

Claustrophobia: _____

Any surgeries: _____

Any serious injury: _____

DO YOU EXPERIENCE CONSTANT PAIN? (if yes, please, explain): Yes No

DO YOU FEEL WELL / HEALTHY AT THE MOMENT? (if not, please, comment):

Yes No

PARENTAL CONSENT FORM FOR MINORS UNDER THE AGE OF 18

I, (Print name: Parent or Legal Guardian) _____
acknowledge that I have read and understand and have executed the Mile High Recovery LLC
WAIVER OF LIABILITY, ASSUMPTION OF RISK AND HOLD HARMLESS AGREEMENT form and I
have completed or assisted and supervised my child in the completion of this Intake Form.

My son/daughter (Print Minor's Name) _____ has
also read and acknowledged the contraindications and waiver of risk.

I give consent on behalf of my minor to voluntarily undergo treatment.

Parent/Guardian Signature

Date _____

Minor Signature

Date _____

What is Whole Body Cryotherapy:

Whole body cryotherapy is a short term exposure of the human body to temperatures of - 170 to - 270 degrees Fahrenheit for a duration of 3 minutes or less. At this extreme temperature, the body activates strong self-protection mechanisms that have health, as well as cosmetic benefits:

Skin:

The outer layer of the skin is briefly cooled to almost freezing, activating increased production of collagen in deeper layers of the skin (similar to laser treatments of the face where very high temperatures are used). The skin regains elasticity and becomes smoother and more evenly-toned. Blood vessels and capillaries undergo severe vasoconstriction (to keep the core temperature from dropping), followed by vasodilation after the procedure. Toxins and other stored deposits are flushed out of the deeper layers of the skin and blood perfusion is improved after several treatments. The anti-inflammatory properties of cryotherapy are also used to ease chronic skin conditions such as psoriasis and dermatitis.

Endocrine:

The exposure to the extreme cold causes the body to turn up its metabolic rate in order to produce heat. This effect lasts for 5-8 hours after the procedure, causing the body to 'burn' 500 – 800 Kcal over the hours following the procedure. After several procedures, the increase in metabolic rate tends to last longer between treatments. Another 'survival reaction' to the extreme temperatures is the release of endorphins - hormones that have analgesic and anti-inflammatory properties, and improve mood. Cryotherapy has been studied for treatment of medication resistant depressive disorders.

Musculoskeletal:

The anti-inflammatory and analgesic properties of cryotherapy can drastically reduce joint pain from rheumatoid- and osteoarthritis. Athletes are using whole body cryotherapy to recover from injuries and improve their performance.

Immune System:

Cryotherapy improves the function of the immune system and decreases stress levels.