

| LONGEVITY HEALTH CENTER  | HOCATT Intake Form                  |      |             |         |
|--|-------------------------------------|------|-------------|---------|
| Name:  | DOB:                                | Age: | Height:     | Weight: |
| Email:   | Address:                            |      |             |         |
| Phone:   |                                     |      |             |         |
| IMPORTANT QUESTIONS:   | Who can we thank for referring you: |      |             |         |
| Have you taken any medication in the last <b>4</b> hours:  |                                     |      |             |         |
| Have you taken any supplements containing Vit. C in the last hour?   |                                     |      |             |         |
| Have you consumed any alcohol the last <b>8</b> hours?   |                                     |      |             |         |
| <b>GENERAL HEALTH INFORMATION</b>  |                                     |      |             |         |
| <b>Are you currently undergoing any of the following:</b>  |                                     |      |             |         |
| Chemotherapy?  |                                     |      |             |         |
| Radiation Therapy?   |                                     |      |             |         |
| Do you smoke?  |                                     |      |             |         |
| Do you drink alcohol?  |                                     |      |             |         |
| Do you take any illegal drugs?   |                                     |      |             |         |
| Have you undergone surgery in the last 6 months?   |                                     |      |             |         |
| Please circle your fitness level: <b>Poor</b> <b>Good</b> <b>Excellent</b>   |                                     |      |             |         |
| <b>What is your main reason for coming in for Tri-oxygen therapy?</b>  |                                     |      |             |         |
| <b>RULES:</b> Please initial each section and sign below:  |                                     |      |             |         |
| 1. We strongly advise that all medication be taken <b>4 hours prior or 4 hours after</b> a treatment.  |                                     |      |             |         |
| 2. We strongly advise that you wait <b>4 days</b> after Radiation or Chemotherapy treatments before having a HOCATT  |                                     |      |             |         |
| 3. Do not have any alcoholic beverages within <b>8 hours</b> prior to an HOCATT session.   |                                     |      |             |         |
| 4. If you are pregnant we <b>will not</b> under any circumstances administer HOCATT. If you are not 100% sure about your pregnancy status we will not administer HOCATT. |                                     |      |             |         |
| 5. Vitamin C supplements should be taken at least <b>1 hour before or 1 hour</b> after a therapy session.  |                                     |      |             |         |
| <b>No HOCATT therapy allowed if yes to any of the below</b>  |                                     |      |             |         |
| Acute Alcohol Intoxication:  | Yes                                 | No   |             |         |
| Platelet Disorder (Hemophilia)   | Yes                                 | No   |             |         |
| Recent heart attack/Stroke (within 3 months)   | Yes                                 | No   |             |         |
| Pregnant   | Yes                                 | No   |             |         |
| <b>DISCLAIMER</b>  |                                     |      |             |         |
| Heat applied in a Sauna of any kind can have adverse side effects.   |                                     |      |             |         |
| Cardiovascular problems and some diseases are just two examples of heat sensitive ailments.  |                                     |      |             |         |
| All temperatures are regulated by the HOCATT specialist.   |                                     |      |             |         |
| Temperature and tri-oxygen levels in the chamber might be increased over time if deemed necessary.   |                                     |      |             |         |
| Side effects from a detox response may include a headache. Nausea may occur due to liver detox.  |                                     |      |             |         |
| <b>SIGNATURE</b>   |                                     |      | <b>Date</b> |         |

# H.O.C.A.T.T. DISCLAIMER DECLARATION

Longevity Health Center cannot and will not diagnose disease or prescribe medication.

Longevity Health Center insists that all clients having HOCATT therapy continue to work with their medical doctor as needed. Under no circumstances will HOCATT therapy replace medication/therapies prescribed by a medical doctor. HOCATT therapy is to be used in conjunction with medical science and will under no circumstances replace it.

Longevity Health Center does not in any way guarantee a cure for any ailment or disease. We offer a detoxification treatment of the human body through super oxygen (ozone) transdermal therapy.

There are no health claims being made in the area of scientific validity. There is no claim being made as to the superiority of these methods over any other methods.

## INDEMNITY

- I have chosen to attend HOCATT treatments at Longevity Health Center under no duress and I agree to be treated under supervision.
- I have made myself familiar with the declaration outlined above.
- I understand that Longevity Health Center does not guarantee satisfactory or successful results of any kind for all people.
- I understand that no fees will be refunded full or in part for any reason whatsoever regardless of whether the course has been completed.
- I agree that I have completed the above form and health questionnaire truthfully and honestly.
- I understand, acknowledge and agree to all of the above mentioned.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

## H.O.C.A.T.T. PREPARATION RECOMMENDATIONS

- Be well rested – No strenuous exercise just prior to HOCATT
- Do **NOT** fast – Eat a **LIGHT** meal within 2 hours of your HOCATT
- **HYDRATE!!!!!!** Within 12 hours of your HOCATT please try to consume at least **70 oz.** of pure water. (6 - 12oz glasses)

All medication & supplements should be taken 4 hrs. prior or 4 hrs. after a treatment. Avoid alcoholic beverages within 8 hours prior to HOCATT. Limit Caffeine and energy drinks on day of HOCATT.

If you are pregnant, we will not under any circumstances administer HOCATT.

If you are not 100% sure about your pregnancy status, we will not administer HOCATT.

We strongly advise that you wait 4 days after Radiation or Chemotherapy treatments before having a HOCATT