

BODY CONTOURING CLIENT INFORMATION FORM

APPOINTMENT DATE

APPOINTMENT TIME

CLIENT INFORMATION (please print)

FULL NAME

ADDRESS

CITY

STATE / PROVINCE

ZIP / POSTAL CODE

PHONE

EMAIL ADDRESS

Have you ever had a contouring procedure before? yes no

If yes, when was your last procedure? _____

What would you like to improve about your features? _____

Do you have botox or fillers? yes no

Do you have breast implants? yes no

Have you had any implants in your buttocks? yes no

FEMALE CLIENTS ONLY

Are you, or is it possible you may be pregnant? yes no

Are you currently breast feeding? yes no



EMAIL / NEWSLETTER

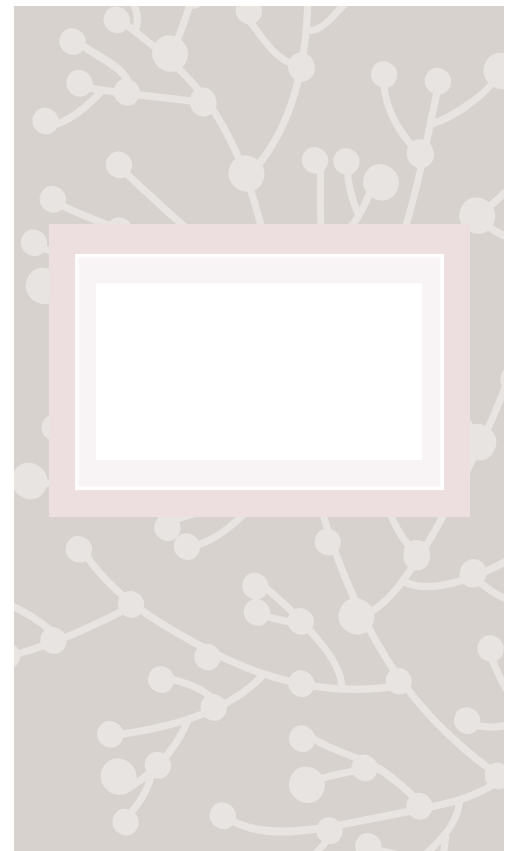
Occasionally we may send out emails or newsletters about upcoming discounts, promotions, contests, company information etc. If you would like to be added to the subscriber list please check

“Yes” below. If you would like to opt out please check “No”.

YES! Sign me up!

No, thank you.

We will use your e-mail address solely to provide information about our company. Your information will not be sold.



CLIENT INFORMATION Continued

For a more effective, personalized treatment, please be as accurate as possible when filling out the following information

MEDICAL QUESTIONNAIRE

Do you have any circulation disorders? Yes No

Do you have any history of liver or kidney disease? Yes No

Do you have, or do you think it is possible you may have a Blood Borne Communicable Disease?
e.g. Hepatitis C Virus (HCV), Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) Yes No

Do you currently have any other form of communicable disease, or infection?
e.g. respiratory infection, gastrointestinal infection, skin infection, ear or eye infection, bacterial, fungal or viral infection etc. Yes No

Do you have Diabetes, currently on any form of immuno suppressant therapy, or have any other condition that may cause delayed healing? Yes No

Do you have varicose veins? Yes No

Do you have any scar tissue in the treatment area? Yes No

Do you have lipedema? Yes No

Do you have any history of Deep Vein Thrombosis? Yes No

Do you have any form of bleeding disorder, or are you taking any anticoagulants (blood thinners)? Yes No

Have you had any form of Cosmetic or Surgical Procedure, Radiotherapy, or Chemotherapy at any time during the past 6 months? Yes No

Do you suffer from any form of hyper-pigmentation skin conditions? Yes No

Do you suffer with fainting, blackouts, or seizures? Yes No

Do you have a cardiac pacemaker, Implanted Cardioverter Defibrillator (ICD), have a serious heart condition, or abnormal blood pressure? Yes No

Do you have any metal implants or devices that can not be removed? Yes No

CLIENT INFORMATION Continued

SPECIAL PRECAUTIONS

Do you suffer from allergies? If yes no
yes, please specify _____

Are you currently taking any yes no
medications, herbs, vitamins? If yes, please specify

Do you have an allergy yes no
or sensitivity to latex/
rubber?

Do you smoke? yes no

Do you drink alcohol? yes no
If yes, how often?

Do you have a known allergy or
sensitivity to any ingredients in any
antiseptics, oils, or parabens?

yes no

Is there any additional information
about you that we should know
before starting your treatment?

Please read the following statements carefully. Body Contouring is a way of non-invasive, cosmetic slimming, intended to be permanent with proper maintenance. On rare occasions, the treatment may not be effective. The procedure of body contouring may be mildly uncomfortable. Although extremely rare, there might be an immediate or delayed allergic reaction to substances used. Allergic reactions to the gel or oil used can occur. Body Contouring cannot be performed if you are pregnant or nursing, or anyone under the age of 18. There may be swelling and redness following the procedure before your body expels the fat. You may experience minor bleeding.

I have received after care information and I'm fully aware of the after care procedures. I fully understand the information provided above & confirm that all information provided by me is correct and truthful.

Client Name (please print)

Client Signature

Month/Day/Year

Cosmetic Professional

INFORMED CONSENT FOR BODY CONTOURING

I _____ am over the age of 18, am not under the influence of drugs or alcohol, am not pregnant or nursing and desire to receive the indicated procedure. The general nature of body contouring, as well as the specific procedure to be performed, has been explained to me.

_____ If an unforeseen condition arises in the course of the procedure, I authorize my therapist to use his/her professional judgment to decide what he/she feels is necessary under the given circumstances. I accept the responsibility for determining the position of the body contouring procedure as agreed during consultation. I fully understand and accept that my personal results may vary.

_____ I have been informed that the highest standards of hygiene are met and that machines and tools are fully disinfected between clients.

_____ I understand and accept that each procedure is a process requiring multiple sessions to achieve desired results and that 100% success cannot be guaranteed during the first procedure. I understand that I have to return for a repeat procedure.

_____ The result of the procedure can be affected by the following: medication, skin characteristics, lymphatic drainage issues, alcohol intake and smoking, and post procedure after care.

_____ Upon completion of the procedure there might be swelling and redness of the skin, which will subside within 1-4 days. In some cases, bruising may occur. You may resume normal activities following the procedure, however, alcohol consumption should be limited until the treatment course is completed. Please see after care instructions for more details. The procedure results will look acceptable for you to appear in public.

_____ I have been advised that the true shape will be seen 2-4 weeks after each procedure, and that the results may vary according to metabolism, lifestyle, age and underlying conditions. I understand that no guarantee on exact results can be given.

_____ To my knowledge, I do not have any physical, mental or medical impairment or disability that might affect my well being as a direct or indirect result of my decision to have the procedure done at this time.

_____ I agree to follow all pre-procedure and post-procedure instructions as provided and explained to me by the technician. Failure to do so may jeopardize my chances for a successful procedure.

_____ I can confirm that I have received after care details.

_____ I have been informed of the nature, risks, and possible complications and consequences of body contouring. I understand the body contouring procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, especially if I have not been truthful about my medical history.

_____ I fully understand this is a cosmetic procedure and therefore not an exact science but an art. I request the body contouring procedure(s) and accept the temporary nature of this procedure as well as the possible complications and consequences of the said procedure.

_____ I understand that if I have any skin treatments, injectables, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my body contouring procedure. I acknowledge some of these potential adverse changes may not be correctable.

_____ I certify that I have read and initialed the above paragraphs and have had explained to my understanding the consent and procedure permit. I accept full responsibility for the decision to have this cosmetic body contouring procedure done.

_____ I give _____ permission to perform my body contouring procedure.

Client Name (please print)

Client Signature

Month/Day/Year

Cosmetic Professional

DISCLOSURE & RELEASE FORM

I UNDERSTAND THE FOLLOWING COMPLETELY: (PLEASE INITIAL EACH STATEMENT)

_____ Body Contouring results can last indefinitely with proper maintenance but I must follow all aftercare. The result may not be what I expected to receive. I understand this is a procedure that may take numerous follow-ups and touch ups to get a desired result.

_____ There is no warranty or guarantee made to me as a result of this procedure and the final result cannot be guaranteed. There are no refunds for this procedure, as results will vary and individual results are not guaranteed.

_____ I have seen and agree with the treatment that my technician discussed. I understand that this is a guideline for my shape and it may vary slightly once the procedure is done.

_____ There may be risks and hazard related to performing this procedure.

_____ There may be discomfort and pain during this procedure.

_____ There is a possibility of swelling, redness and allergic reactions to the gel or oil.

_____ Body Contouring is considered semi-permanent and without proper maintenance or aftercare can/will fade over time.

_____ Final results cannot be determined until areas are completely healed at 2 to 4 weeks.

_____ I understand that the Body Contouring procedures cannot be guaranteed and results cannot be predicted, as there are many variables that contribute to the final result, such as aftercare, skin type, lifestyle, etc.

_____ I have received post care instructions and will follow them to ensure results of my procedure are satisfactory.

_____ I am NOT pregnant.

_____ I am NOT under the influence of drugs and/or alcohol or any other mind altering substance.

_____ I fully understand the procedure and give permission to my technician to perform the service of Body Contouring and all procedure and steps involved.

_____ I have truthfully filled out the consent form and have informed my technician of all medications I have taken.

_____ I release _____ of all claims and injury, seen or unseen that may occur as a result of this procedure.

Client Name (please print)

Client Signature

Day/ Month/ Year

Cosmetic Professional

FOR PROFESSIONAL USE

BODY CONTOURING

PERSONAL CLIENT INFORMATION

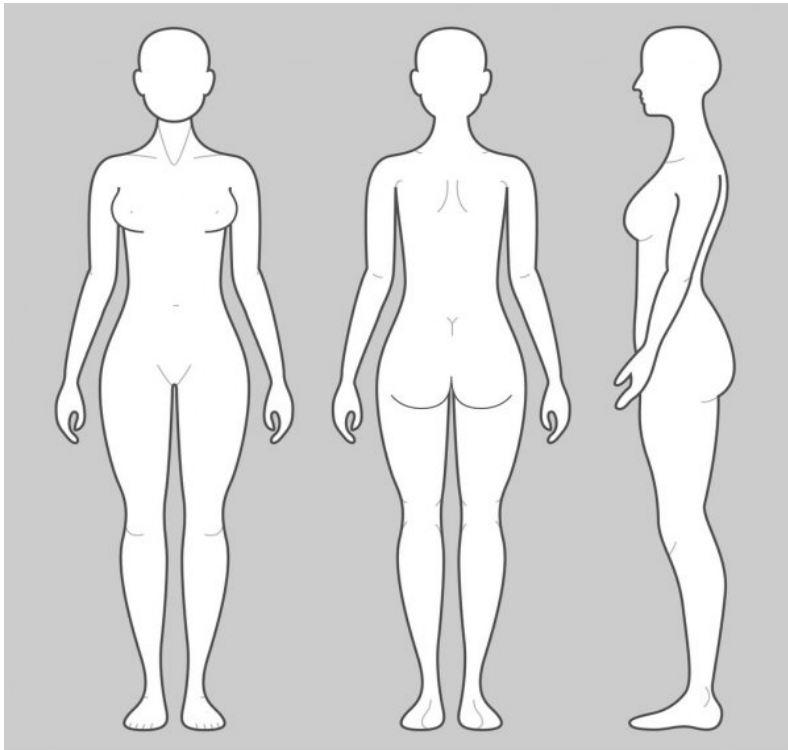
File Categorically by
First Letter Of
Clients Last Name



FILE

CLIENT FULL NAME

PERSONALIZED BODY CONTOURING CHART / NOTES



TREATMENT DETAILS

METHODS USED AND TREATMENT TIMES

AREAS TREATED AND MEASUREMENTS

TREATMENT NOTES & DESCRIPTION

FOLLOW UP / CHANGES:

TOUCH UP DATE:

TOUCH UP NOTES:

PRICING

Base Price: _____

Touch Up: _____

Other: _____

TOTAL: _____