BODY SCULPTING CLIENT INTAKE FORM

General Information

Name _____ Birthday _____
Address _____
City _____ State/Province _____ Zip/Postal Code _____
Phone # _____ Email_____Sex ☐M ☐F
Occupation _____
Emergency Contact Name _____ Phone # _____
Would you like to be added to our email list for specials and discounts? ☐Yes ☐No
How did you hear about us? _____

Medical History

Do you have any chronic medical conditions that we should know about? ☐Yes ☐No
If yes, please list: _____
Are you currently taking any medications? ☐Yes ☐No
If yes, please explain: _____
Do you have any allergies? ☐Yes ☐No
If yes, please explain: _____
Do you have type 1 or type 2 diabetes? ☐Yes ☐No
Do you have any known kidney or liver disorders? ☐Yes ☐No
Do you have photosensitivity to sun exposure? ☐Yes ☐No
Do you currently have cancer? ☐Yes ☐No
If yes, are you currently on chemotherapy? ☐Yes ☐No
Have you had cancer in the past 12 months? ☐Yes ☐No
Do you have any thyroid problems? ☐Yes ☐No
Do you have high blood pressure? ☐Yes ☐No
Do you have any cardiovascular conditions? ☐Yes ☐No
Do you have any medical devices implanted including, but not limited to, hearing aids, a pacemaker, or hormonal pellets? ☐Yes ☐No
If yes, please list: _____

What concerns would you like addressed today? _____
_____
Do you want to lose body fat? ☐Yes ☐No
If yes, from what area: _____
Do you want to tighten skin on your body? ☐Yes ☐No
If yes, from what area: _____
Do you want to reduce cellulite? ☐Yes ☐No
If yes, from what area: _____
Please list your regular exercise habits: _____
Please describe your current dietary habits: _____
How many ounces of water do you drink daily? _____

(Female clients) Are you currently pregnant or nursing? ☐Yes ☐No

When was the first day of your last menstrual cycle? _____

By signing below, I agree to the following:

I have completed this form to the best of my ability and knowledge. I agree to inform the technician of any changes in the above information. I agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform the technician of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly. I agree to waive all liability toward my technician and the salon for any injury or damages incurred due to any misrepresentation of my health.

Name Printed	Signature	Date
_____	_____	_____

Informed Consent For Body Sculpting

I, _____ give my consent for body sculpting to be performed by _____.

Please read and initial each of the statements below:

_____ I certify I am over the age of 18.

_____ I have voluntarily elected to receive body sculpting after the nature and purpose of this treatment has been explained to me.

_____ I understand that body sculpting can be used to reduce fat deposits, but is not intended to be a weight loss solution.

_____ I understand that the following conditions preclude me from having this treatment at this time and verify that none of the following conditions apply to me at this time:

- Cardiac issues
- Cancer
- Infected, inflamed, or swollen skin
- Metallic implant (pacemaker)
- Pregnant/Lactating

_____ I recognize there are no guaranteed results.

_____ I understand and acknowledge that there are risks involved with the treatment I will be receiving including, but not limited to:

- Redness
- Swelling
- Irritation
- Skin reaction
- Increased heart rate

_____ I have been informed of possible benefits, risks, and complications, and I have had the opportunity to ask questions regarding these risks and other possible complications.

_____ I have, to the best of my knowledge, given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically.

I have read and fully understand this agreement and all information detailed above. I understand the procedure and accept the risks. I agree I will assume the risk and full responsibility for any and all injuries, losses, side effects, or damages which might occur to me while I am undergoing this procedure. I do not hold the technician responsible for any of my conditions that were present, but not disclosed at the time of this procedure, which may be affected by the treatment performed today.

Name Printed	Signature	Date
_____	_____	_____

Cancellation Policy

Your appointment is very important. We understand that sometimes schedule adjustments are necessary. Therefore, we respectfully request at least 24 hours' notice prior to your scheduled appointment time for cancellations or rescheduling of appointments.

Please notify us by e-mail if your cancellation is outside of our normal business hours or you're unable to reach us by phone at _____.

ANY APPOINTMENTS CANCELLED/RESCHEDULED OR CHANGED WITHOUT 24 HOURS NOTICE WILL RESULT IN A CHARGE EQUAL TO 50% OF THE RESERVED SERVICE AMOUNT. ALL "NO SHOWS" WILL BE CHARGED 100% OF THE RESERVED SERVICE AMOUNT.

We recognize the time of our clients and therapist is valuable and have implemented this policy for this reason. When you miss an appointment with us, we not only lose your business, but also the potential business of other clients who could have scheduled an appointment for the same time.

Please remember that it is your responsibility to remember your appointment dates and times in order to prevent any missed appointments which result in a cancellation fee. Not receiving an electronic notification of your appointments from us is not sufficient reason to miss an appointment if the original confirmation notification was received timely.

It is mutually understood that if a cancellation is due to circumstances beyond any of our control, such as power outage, unfortunate incidence, illness, or weather that requires you or us to have to cancel or be closed during regular business hours, we will reschedule your existing appointment and no discount or rescheduling fee will apply.

I have read and understand the cancellation policy and agree to abide by the above conditions.

Name Printed	Signature	Date
_____	_____	_____

Photograph and Video Release Form

I, _____, hereby grant and authorize _____ the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures, video, and/or audio taken of me to be used in and/or for any lawful promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, press kits, websites, social networking sites and other print or digital communications without payment or any other consideration.

This authorization extends to all languages, media, formats, and markets now known or later discovered.

I waive the right to inspect or approve the finished product wherein my likeness appears, including written or electronic copy.

Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording.

I hereby hold harmless and release _____ from all liability, petitions, and causes of action which I, my heirs, representatives, executors, or any other persons may make while acting on my behalf or on behalf of my estate.

Permissions granted for the pictures, video, and/or audio listed below:

Picture/Video/Audio Description:	Date taken:
_____	_____
_____	_____
_____	_____
_____	_____

Name Printed	Signature	Date
_____	_____	_____

BODY SCULPTING FAQS

What is body sculpting?
Body sculpting includes surgical and nonsurgical fat reduction procedures. These procedures reduce or remove stubborn pockets of fat to contour and shape different areas of the body.

What is nonsurgical body sculpting?
Nonsurgical body sculpting is also known as nonsurgical fat reduction. There are many types of nonsurgical fat reduction procedures including the ones listed below:

Butt Cupping Therapy: is a non-evasive, non-surgical technique for tissue stimulation for your buttock in a short period of time.

Cavitation: Destroys fat cells by using low frequency sound waves. These waves will put vapor bubbles into your body's tissues which will absorb the fat and naturally remove it from your body. Is a non- invasive procedure designed to tighten, reshape, and tone skin.

Lymphatic Drainage Massage: Lymphatic Drainage is a form of gentle massage that encourages the movement of lymph fluids around the body. The fluid in the lymphatic system helps remove waste and toxins from the bodily tissues.

Radio Frequency: Radio Frequency energy penetrates the skin layers to selectively heat the skin tissue where the collagen fibers are embedded and it also targets fat cells.

Vacuum Therapy: Vacuum is created around the area, lifting the cellulite away from the muscle, thus encouraging blood flow, stimulating lymphatic drainage and amplifying the effects of massage or exercise. Reduces excess fat deposit in hips, thighs and buttocks. Improves skin tightness, firmness and elasticity.

Wood Therapy: The wood massages treats area(s) with pressure to breakdown stubborn fat cells and cellulite which is eliminated naturally through your body. Wood Therapy is a natural yet effective treatment that uses wooden instruments to mold, redefine body contours, reduce cellulite and promote weight loss while improving the body's size and proportions.

Who is the best candidate for body sculpting?
The best candidate for body sculpting is someone who is close to their desired weight and wants to eliminate stubborn pockets of fat that are resistant to diet and exercise.

What is the "down time" of these procedures?
Most nonsurgical body sculpting procedures are minimally invasive to noninvasive. Generally, you can resume daily activities immediately after the treatment.

How long does a treatment take?
One treatment area takes 30-60 minutes.

How many treatments are required?
Multiple treatments are usually required to delivery satisfactory results.