



# Body Countoring Client Intake Form

## General Information

Name  Date of Birth

Address

City  State  Zip Code

Phone #  Email

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.

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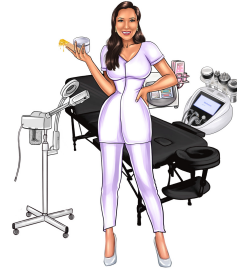
Name Printed

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Signature

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Date



# Informed Consent For Body Contouring

I, \_\_\_\_\_ give my consent for body contouring 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 contouring after the nature and purpose of this treatment have been explained to me.

\_\_\_\_\_ I understand that body contouring 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.

\_\_\_\_\_

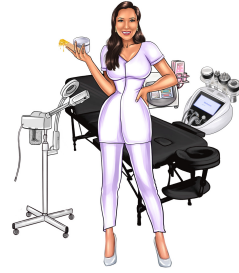
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Signature

\_\_\_\_\_

Date



# Body Contouring FAQs

## **What is body contouring?**

Body contouring 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 non-surgical body contouring?**

Nonsurgical body contouring is also known as nonsurgical fat reduction. There are many types of non-surgical fat reduction procedures, but most are based on one of the following four principles:

1. Controlled cooling: using freezing temperatures to target and destroy fat cells
2. Laser lipolysis: using controlled heating and laser energy to target fat cells
3. Radiofrequency lipolysis: using controlled heating and ultrasound technology to target fat cells
4. Injection lipolysis: using injectable deoxycholic acid to target fat cells

## **Who is the best candidate for body contouring?**

The best candidate for body contouring 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 CoolSculpting?**

CoolSculpting is an FDA-approved treatment that is non-invasive and uses cold temperatures to target and destroy fat cells in various areas of the body. The freezing temperature kills off fat cells, which are eventually flushed out of your body through the lymphatic system.

## **What is the “downtime” of these procedures?**

Most nonsurgical body contouring 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 deliver satisfactory results.