

## CLIENT INFORMATION FORM

### PERSONAL INFORMATION

Name:	Date of Birth:	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	City:		
Email:	State:	Zip:	
Profession:	Current Weight:	Height:	Min Adult Weight:
Cell Phone:	Home Phone:		Max Adult Weight:
Referred by (How did you hear about us?):			

### MEDICAL HISTORY

Allergies:  Latex  Other: \_\_\_\_\_

#### History of past or current medical conditions: (Please check all that apply.)

- I am over 18 with proof of identification
- I am not pregnant or breastfeeding
- I have no cardiovascular disease or disorder(ex. pacemaker, defibrillator)
- I have no known liver disease or disorder
- I have no known kidney disease or disorder
- I do not have cancer(active or within 1 year of remission)
- I do not have a compromised immune system

- I do not have uncontrolled Hypertension
- I do not have any lymphatic disease or disorder
- I do not have any diseases or disorders stimulated by heat (ex. herpes simplex)
- I do not have any diseases or disorders stimulated by light (ex. epilepsy, lupus)
- I do not have any retinal detachment
- I do not have any skin lesions
- I have no known thyroid gland dysfunctions
- I have no known photosensitivity to sun exposure
- I am not taking medication which causes any photosensitivity

### PHOTOGRAPHY

I consent to taking before and after photographs and authorize their ANONYMOUS use for the purpose of medical audit, education, and/or promotion. Initial Here: \_\_\_\_\_

### ACKNOWLEDGEMENT

- I understand that there are no guarantees to the results of this treatment. I understand to achieve maximum results, I may require several treatments.
- It has also been recommended to achieve optimum results, I understand that an appropriate diet and regular exercise will assist to sustain and create a cumulative degree of overall fat reduction and body contouring.
- I have been informed and understand that temporary hyper-pigmentation/hypo-pigmentation on rare occasion may occur as a result of treatment.
- I understand that there is a 24 hour cancellation policy for all appointments. Any no show or late cancellation/reschedule will be counted against any prepaid sessions.

I confirm that the answers to the questionnaire are true and correct to the best of my knowledge. I also confirm the staff explained the treatment(s) and answered my questions.

X \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE-CUSTOMER PRINT NAME

### EXERCISE HABITS

On a scale of 1 to 10, indicate what level of importance you give to losing weight: (circle one)

Least important    1    2    3    4    5    6    7    8    9    10    Very important

Do you exercise?                       Yes                       No    If yes, what kind? \_\_\_\_\_

How often?                                 Daily                       Weekly                       Other: \_\_\_\_\_

Have you been on a diet before?                       Yes                       No

If yes, please specify which diet(s) and why you think it didn't work for you (i.e. too rigid, too much cooking involved, etc.) \_\_\_\_\_

### EATING HABITS

(Please provide honest answers so that we can help you)

#### BREAKFAST

Do you have breakfast every morning?                       Yes                       No                       Never

Approximate time: \_\_\_\_\_

Examples: \_\_\_\_\_

Do you have a snack before lunch?                       Yes                       No                       Never

Approximate time: \_\_\_\_\_

Examples: \_\_\_\_\_

#### LUNCH

Do you have lunch every day?                       Yes                       No                       Never

Approximate time: \_\_\_\_\_

Examples: \_\_\_\_\_

Do you have a snack before dinner?                       Yes                       No                       Never

Approximate time: \_\_\_\_\_

Examples: \_\_\_\_\_

#### DINNER

Do you have dinner every day?                       Yes                       No                       Never

Approximate time: \_\_\_\_\_

Examples: \_\_\_\_\_

Do you have a snack at night?                       Yes                       No                       Never

Approximate time: \_\_\_\_\_

Examples: \_\_\_\_\_