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**Consultation Form**

**Basic Information**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_

**Treatment History**

1. Have you ever tried any other aesthetic procedures in the past? 🞏 Yes 🞏 No

2. If “yes”, which ones?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. How did you hear about Cryoskin?

🞏Friend/Family 🞏 TV/Radio 🞏 Internet 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Background Information** (please check all that apply)

🞏 Botox in the past 30 days 🞏 Fillers in the past 90 days

🞏 Surgery in the past 6 months 🞏 Implants in the desired treatment area

🞏 Pregnant and/or breastfeeding 🞏 Active/Past Cancer

🞏 Kidney and/or Liver disease 🞏 Cardiovascular Disease

🞏 Lymphatic disorders 🞏 Uncontrolled Diabetes

🞏 Sever allergy to cold 🞏 Severe Raynaud’s Syndrome

🞏 Eczema, rashes, or dermatitis 🞏 Open or infected wounds

🞏 Circulatory disorders 🞏 Pacemaker/metal implants

🞏 Mesh inserts 🞏 Incision scar(s) in the desired area

🞏 HIV/AIDS 🞏 Body piercings in the desired area

🞏 Using topical antibiotics 🞏 Lower Limb Ischemia

🞏 Cold-related Illness 🞏 Progressive diseases (MS, ALS, etc.)

🞏 Bacterial/viral skin sensation 🞏 Wound healing disorders

🞏 Impaired skin sensation 🞏 Known sensitivity to propylene glycol

🞏 Hernia in desired treatment area

**Lifestyle Information**

1. How many times per week do you exercise? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. How much water do you drink per day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. How would you rate your diet?

🞏 Extremely healthy 🞏 Generally healthy 🞏 Needs improvement

4. Please circle your areas of concern:

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5. Have any other treatments/diets/exercise regimens helped these areas? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. What is your goal with Cryoskin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Do you have any questions about Cryoskin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_