

BODY WRAPS INTAKE & CONSENT FORM

CLIENT INTAKE FORM

Date _____ Name: _____
 DOB: _____ Parent name if under 18: _____
 Address _____ City, State, Zip Code: _____
 Phone: _____
 E-mail address _____

How did you hear about me? Internet Advertising Referral Other _____

Do you have: Y or N	Are You: Y or N	Have you had: Y or N
An infectious disease? Y or N	Pregnant or nursing? Y or N	Cancer? Y or N
Cardiac issue? Y or N	Allergic to lotions/ oils? Y or N	Recent accident? Y or N
High blood pressure? Y or N	Allergic to nuts? Y or N	Neck injuries? Y or N
Varicose veins? Y or N	Sensitive to heat? Y or N	Spinal injuries? Y or N
Epilepsy? Y or N	Sensitive to cold? Y or N	Blood disorder? Y or N
Diabetes? Y or N		
Skin conditions? Y or N		
Arthritis? Y or N		
Numbness? Y or N		
Osteoporosis? Y or N		
Fibromyalgia? Y or N		
Edema? Y or N		
Allergic or sensitivity to iodine or shellfish? Y or N		Any other allergies? Y or N Please list:

If you marked yes to any of the above or have other health conditions not listed , please provide information:

What are the goals you are trying to achieve with this treatment?

Please Initial Each Item Below Indicating Your Understanding of the Following:

_____ I understand that my body wrap treatment is for relaxation, to assist with the release and elimination of toxins from the body and/ or reduce inches. I understand the anticipated inch loss results varies with individuals as well as from session to session.

_____ I have read and understand the FAQ section regarding the Body Wrap process. I am aware of the contraindications that prevent participation in receiving a Body Wrap session and none apply to me.

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_____ I have read and understand the Body Wrap Process information and have prepared for the session as indicated. I understand the Body Wrap session may require me to be draped in warm wraps, which are placed over cotton undergarments I am wearing for this treatment.

_____ I understand Body Slimplicity or its associates do not diagnose conditions or illnesses nor prescribe medical or pharmaceutical treatment. It has been made clear to me that this body wrap treatment is not a substitute for a medical examination and it is recommended that I contact a licensed health care provider for any medical or health condition. I also understand that as a result of this service some detoxing symptoms may occur.

_____ It is my choice to receive this Body Wrap session and I have provided accurate information concerning all past and current health conditions. I have read the intake form above and have answered truthfully to the best of my knowledge. I agree to report any changes in my health as they arise.

_____ I will not hold Body Slimplicity or its associates liable for any allergic reactions which unknowingly may occur. If a reaction occurs during or after treatment, I will notify my technician immediately and contact my PCP (physician).

Client Printed name: _____ **DOB:** _____

Client Signature: _____ **Date:** _____

Parent/ guardian Signature (if under 18): _____

Clinician Signature: _____