



Booty Vacuum Lift / Cavitation / RF

Name:		
Age:		
Address:		
Email:		
Mobile:		
Gp Name and address:		
Are you currently suffering from any of the following?		
Active infections / Skin disease / Cuts or abrasions	Yes	No
Active Suntan / Sunburn	Yes	No
Breast / Bum implants	Yes	No
Cancer in the last 3 years	Yes	No
Chemo or Radiotherapy	Yes	No
Cold or flu symptoms	Yes	No
Diabetes 1 or 2	Yes	No
Dilated Capillaries	Yes	No
Epilepsy	Yes	No
Fluid retention in area being treated.	Yes	No
High blood pressure / Low blood pressure	Yes	No
HIV	Yes	No
Hyperlipidaemia (raised serum levels of one or more of total cholesterol)	Yes	No
Immunosuppression (an act that reduces the activation or efficacy of the immune system)	Yes	No
Joint Replacements / Metal plate / Pins	Yes	No
Medications	Yes	No
Menstruation	Yes	No
Metallic Implants in the area being treated	Yes	No
Pacemaker	Yes	No
Phlebitis	Yes	No
Pregnancy, or breast feeding or chance of being pregnant	Yes	No
Scar Tissue	Yes	No
Skin allergies / Inflammation	Yes	No
Surgery in the last 12 months?	Yes	No
Thread veins / Varicose veins / Spider veins	Yes	No
Vascular conditions / Rosacea	Yes	No
Anything else we should be aware of?	Yes	No

During your treatment you may find the following occur, ringing in the ears. This is caused by the sound waves passing from the skeleton to the ear sensation of heat. This is caused by the energy produced from the broken fat cells as they are imploding. This will stop soon after treatment. Stinging on the skin surface, this happens where the nerves located in the epidermis react with the cooling gel. This will not cause major discomfort and will cease after treatment redness on the surface of the skin. This is heat related and should vanish within 2 hours after treatment. Please follow the aftercare we provide to you. Please remove any jewellery or hearing aids before treatment.

Side effects:

Bruising

Energy levels increase

Erythema of the skin (Type of skin rash)

Excess urination

After care:

Increase water intake try for 3 litres per day. Avoid Caffeine, Alcohol, and Fizzy drinks. Erythema will subside within 24 hours

Please do not book your appointment 2 weeks prior to your covid19 vaccine and 3 weeks after having received the vaccine.

Please bring proof of age and ID

All medical and consent forms will be stored securely for 7 years.

At Brows and Beauty by Nicky B we take your privacy seriously and will only use your personal information to administer your records and to provide the treatments and services you have requested from us. However, from time to time we would like to contact you with details of our latest promotions and treatments that we provide. If you would prefer to be excluded from any future marketing projects that we undertake please tick here

I confirm the health history is accurate and complete. I understand that withholding any medical information may be detrimental to my health and safety during the procedure which the therapist agrees to undertake. If there are any changes in my medical history, it is my responsibility to advise the therapist before any further treatments are carried out. I agree that I understand the treatment I am having today.

Client Signature: Date.....

Practitioner Signature: Date.....

Practitioners Notes: Drs consent required? Y/N.

Health conditions? Medications?

Covid Vaccine / Booster date: -----//-----//-----