



*Lila's Mini Spa*

# Cryolipolysis Consent Form

First and Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

The Cryolipolysis procedure uses a vacuum applicator to draw in tissue and deliver controlled cooling below the surface of the skin. The procedure is for spot reduction of fat. It is **not** a weight loss solution and it does **not** replace proper diet and exercise.

Clinical studies have shown that Cryolipolysis will naturally remove up to 25% of fat cells but as with most procedures, results will vary from person to person.

## **What you can expect:**

- The suction pressure may cause sensations of deep pulling, tugging and pinching.
- You may experience intense stinging, tingling, aching or cramping as the treatment begins. These sensations generally subside as the area becomes numb.
- The treated area may look or feel stiff after the procedure and transient blanching (temporary whitening of the skin) may occur.
- You may feel a sense of nausea or dizziness as your body naturally warms and sensation returns to your treatment area. These are all normal reactions that typically resolve within minutes.
- Bruising, swelling, and tenderness can occur in the treated area and it may appear red for a few hours after the applicator is removed.
- You may feel a dulling of sensation in the treated area that can last for several weeks after your procedure.
- Other changes – including deep itching, tingling, numbness, tenderness to the touch, pain in the treated area, strong cramping, muscle spasms, aching and/or soreness – also have been reported after a treatment.
- Patient experiences will differ. Some patients may experience a delayed onset of the previously mentioned occurrences. Contact us immediately if any unusual side effects occur or if symptoms worsen over time.

## **What to Expect: (Continued)**

You may start to see changes as early as three weeks after Cryolipolysis and you will experience the most dramatic results after one to three months. Your body will continue naturally to process the injured fat cells from your body for approximately four months after your treatment.

You may decide after a month or two that additional treatments are needed to reach your desired outcome.

In rare cases, patients have experienced vasovagal symptoms during the treatment and reported freeze burn, darker skin color, hardness, discrete nodules or enlargement of the treatment area. This is called Paradoxical adipose hyperplasia. Surgical intervention may be required to correct the enlargement.

**I understand that these and other unknown side effects may also occur.**

Initials:\_\_\_\_\_

## **Before and After Photos Release:**

Pictures will be obtained for medical records. If pictures are used for education or marketing purposes, all identifying marks will be cropped or removed.

I understand that these photos will be the property of the attending technician and Lila's Mini Spa. I authorize before, during, and after the procedure(s) the taking of photographs to be part of my patient profile.

Initials:\_\_\_\_\_

**Medical History:** Have you had or been diagnosed with any of the following:

- Cryoglobulinemia or paroxysmal cold hemoglobinuria **Yes / No**
- Known sensitivity to cold such as cold urticaria or Raynaud's disease **Yes / No**
- Impaired peripheral circulation in the area to be treated **Yes / No**
- Neuropathic disorders such as post-herpetic neuralgia or diabetic neuropathy **Yes / No**
- Impaired skin sensation **Yes / No**
- Open or infected wounds **Yes / No**
- Bleeding disorders or consistent use of blood thinners **Yes / No**
- Recent surgery or scar tissue in the area to be treated **Yes / No**
- A hernia or history of hernia in the area to be treated **Yes / No**
- Skin conditions such as eczema, dermatitis, or rashes **Yes / No**
- Pregnancy or lactation **Yes / No**
- Any active implanted devices such as pacemakers and defibrillators **Yes / No**

I understand that it is my personal responsibility to inform the technician of any changes to my medical history during the course of treatment sessions. I confirm that should this occur, I shall advise the technician of any changes.

Initials: \_\_\_\_\_

I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form. As with most medical procedures, there are risks and side effects. These have been explained to me in detail.

Initials \_\_\_\_\_

I have read the above information, and I give my consent to be treated with Cryolipolysis by Lila's Mini Spa.

Initials: \_\_\_\_\_

I release all liability to Lila's Mini Spa, its staff and students and fully understand the risks involved.

Initials: \_\_\_\_\_

I also understand there is no guarantee of results and that to obtain optimal results a consultation and treatment plan is required.

Initials: \_\_\_\_\_

I \_\_\_\_\_ confirm that all information provided above is correct to the best of my knowledge.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Technician: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you answered YES to any of the above please explain below:**

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**Please list any medications and or supplements you are currently taking:**

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## Policies and Consent:

**Financial Responsibility:** I understand that all payments are due at time of service. We accept: cash, credit card, and debit cards.

**Cancellation/Rescheduling Policy:** A cancellation of any appointment requires a minimum of 24hrs notice. If cancelling within the 24hr window of your appointment, a 50% fee of the scheduled services will be required prior to rebooking. It is important to be aware that this may have a negative effect on your overall results. Any changes to the initial treatment dates will be subject to availability.

**No Shows:** If you do not show up for your scheduled appointment, a 100% fee of the scheduled service is required to be paid prior to rebooking any new appointments.

**Arriving Late:** If you are 10 minutes or more late for your scheduled appointment time, we may not be able to complete your full service or might need to reschedule depending on the type of service you have booked.

I understand the results may vary from person-to-person and that at least 2 - 4 treatments are recommended to achieve more noticeable results. Because all individuals are different, it is not possible to completely predict results. Some patients will have dramatic results, while others will have moderate results.

Initials\_\_\_\_\_

