

BODY CONTOURING CLIENT INTAKE FORM

General Information

Name _____ Birthday _____
Address _____
City _____ State/Province _____ Zip/Postal Code _____
Phone # _____ Email _____ Sex M F
Occupation _____
Emergency Contact Name _____ Phone # _____
Would you like to be added to our email list for specials and discounts? Yes No
How did you hear about us? _____

Medical History

Do you have any chronic medical conditions that we should know about?	Yes	No
If yes, please list: _____		
Are you currently taking any medications?	Yes	No
If yes, please explain: _____		
Do you have any allergies?	Yes	No
If yes, please explain: _____		
Do you have type 1 or type 2 diabetes?	Yes	No
Do you have any known kidney or liver disorders?	Yes	No
Do you have photosensitivity to sun exposure?	Yes	No
Do you currently have cancer?	Yes	No
If yes, are you currently on chemotherapy?		
Have you had cancer in the past 12 months?	Yes	No
Do you have any thyroid problems?	Yes	No
Do you have high blood pressure?	Yes	No
Do you have any cardiovascular conditions?	Yes	No
Do you have any medical devices implanted including, but not limited to, hearing aids, a pacemaker, or hormonal pellets?	Yes	No
If yes, please list: _____		

What concerns would you like addressed today? _____

Do you want to lose body fat?	Yes	No
If yes, from what area: _____		

Do you want to tighten skin on your body?	Yes	No
If yes, from what area: _____		

Do you want to reduce cellulite?	Yes	No
If yes, from what area: _____		

Please list your regular exercise habits: _____

Please describe your current dietary habits: _____

How many ounces of water do you drink daily? _____

(Female clients) Are you currently pregnant or nursing? Yes No
When was the first day of your last menstrual cycle? _____

By signing below, I agree to the following:

I have completed this form to the best of my ability and knowledge. I agree to inform the technician of any changes in the above information. I agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform the technician of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly. I agree to waive all liability toward my technician and the salon for any injury or damages incurred due to any misrepresentation of my health.

Name Printed

Signature

Date
