

PLEASE TELL US ABOUT YOURSELF...

BASIC INFORMATION

LAST NAME	FIRST NAME	MIDDLE	SUFFIX
<hr/>			
STREET	CITY	STATE	ZIP
<hr/>		/ /	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
MOBILE NUMBER	EMAIL	DATE OF BIRTH	GENDER
<hr/>			
HEIGHT	WEIGHT	GOAL WEIGHT	
<hr/>			
ANY ISSUES YOU WOULD LIKE TO SHARE _____			

EXERCISE Specify frequency and duration for each activity.

☐ Cardio _____

☐ Yoga _____

☐ Pilates _____

☐ Weight training _____

☐ Other _____

DIET

Are you on a specific diet? ☐ Yes ☐ No If yes, please elaborate _____

How many ounces of water do you consume in a day?

☐ Under 32 ☐ 32 - 64 ☐ 64 - 96 ☐ 96+

Average Daily Caloric Consumption

☐ Under 1,500 ☐ Under 2,000 ☐ Under 2,500 ☐ 2,500+

Alcohol Consumption

☐ Light ☐ Moderate ☐ Heavy Frequency: _____ times per week

WHAT ARE YOUR TREATMENT GOALS?

Check any item you'd like to address.

FACE

- ☐ Reverse signs of aging
- ☐ Reduce wrinkles
- ☐ Improve skin tone
- ☐ Better definition
- ☐ Lift cheeks

NECK

- ☐ Turkey neck/sagging skin
- ☐ Reduce wrinkles
- ☐ Tighten double chin

DECOLETTE

- ☐ Reduce wrinkles
- ☐ Crepey skin

Please elaborate on areas of concern: _____

TONING [ARMS | LEGS | BACK | ABDOMEN | CHEST | HIPS] Circle areas of concern.

Specify problem areas of the body for each item.

- ☐ Crepey skin _____
- ☐ Wrinkles _____
- ☐ Hanging skin _____
- ☐ Loose skin _____

FAT REDUCTION Check any areas that apply.

- | | | | |
|-------------------------------|--|---------------------------------|----------------------------------|
| <input type="checkbox"/> Arms | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Thighs | <input type="checkbox"/> Gluteus |
| <input type="checkbox"/> Legs | <input type="checkbox"/> Hips (love handles) | <input type="checkbox"/> Calves | <input type="checkbox"/> Back |

CELLULITE Check any areas that apply.

- | | | |
|-------------------------------|--|----------------------------------|
| <input type="checkbox"/> Arms | <input type="checkbox"/> Thighs [Front ____ Side ____ Back ____] | <input type="checkbox"/> Gluteus |
|-------------------------------|--|----------------------------------|

DEFINITION | CONTOUR Check any areas that apply.

- | | | | |
|--------------------------------|-------------------------------------|-------------------------------|----------------------------------|
| <input type="checkbox"/> Arms | <input type="checkbox"/> Hips/Waist | <input type="checkbox"/> Legs | <input type="checkbox"/> Gluteus |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Back | |

MUSCLE RELAX Check any areas that apply.

- | | | |
|--|--|-------------------------------|
| <input type="checkbox"/> Neck | <input type="checkbox"/> Legs [Left ____ Right ____] | <input type="checkbox"/> Back |
| <input type="checkbox"/> Arms [Left ____ Right ____] | Thigh ____ Calf ____ Hamstring ____ | |

OFFICE USE ONLY | ADICELL THERMOGRAPHIC FILM INTERPRETATION

Presence of hardened fat on abdomen

- | | | |
|--------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Light | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
|--------------------------------|-----------------------------------|---------------------------------|

Cellulite analysis (list locations)

- | | | |
|--|---|--|
| <input type="checkbox"/> Edemous _____ | <input type="checkbox"/> Fibrotic _____ | <input type="checkbox"/> Sclerotic _____ |
|--|---|--|