Cool Slimming/Cool Toning Consent Form:

Cool Slimming and Cool Toning safely and effectively uses thermal shock to naturally destroy fat cells without any damage to the skin. This helps break down fat cells which your body naturally flushes out through the bloodstream and then lymphatic system in the days to weeks following the session. Cool Slimming/Cool Toning also helps to reduce the appearance of cellulite fine lines, and wrinkles by stimulating collagen and elastin production while assisting with tightening of the muscles. It is also beneficial for facial toning and lifting. Protocols will be discussed and/or adjusted during consultation based on recommendations and client’s needs.

Initials\_\_\_\_\_\_\_\_\_

I understand that results may vary depending on individual factors including but not limited to medical history, prior treatments of area(s) being treated, skin type, medications, hormones, client compliance with pre-post session instructions and client’s individual response to treatment. I understand that I must maintain good dietary habits, have sufficient water intake, and participate in physical activity as well as comply with other items outlined during consultation.

Initials\_\_\_\_\_\_\_\_\_

Photos will be obtained for records. If pictures are used for education or marketing purposes an effort will be made to remove or crop out all identifying marks. This is not possible for pictures of the face. I grant permission to Enhanced Aesthetics by Jaalah to use treatment pictures of me, before and after pictures, etc. for the purposes of education and marketing of treatments.

May Use Pictures of Me(initials)\_\_\_\_\_\_\_\_\_ Please Do Not Use Pictures of Me(initials)\_\_\_\_\_\_\_\_\_

Cool Slimming and Cool Toning products and equipment have not been tested or proved by the FDA or any other government agency for the treatment of any illness or disease. Use at your own risk.

Initials\_\_\_\_\_\_\_\_\_

Please initial on the lines below:

Cool Slimming:

* Incision Scars in the treatment area
* Body piercings that can’t be removed in treatment area
* Meshed inserts in the treatment area
* Severe Raynaud’s
* Severe allergy to cold
* Progressive diseases such as but not limited to MS, ALS, Neuropathy, Parkinson’s
* Active Cancer
* AIDS/HIV
* Lymphatic Disorders
* Uncontrolled diabetes or diabetes complications
* Severe kidney or liver disease
* Pregnancy/Breastfeeding/IVF
* Bacterial or viral infections of the skin
* Wound healing disorders
* Circulatory disorders
* Surgery in the past 6 months
* Pacemaker or metal implants
* Active or Severe Eczema, rashes, or dermatitis
* Use of topical antibiotics in treatment area
* Silicone/other implants in treatment area

I have read and understand the contraindications of Cool Slimming\_\_\_\_\_\_\_\_\_(initials)

Cool Toning:

* Incision Scars in the treatment area
* Body piercings that can’t be removed in treatment area
* Meshed inserts in the treatment area
* Severe Raynaud’s
* Severe allergy to cold
* Progressive diseases such as but not limited to MS, ALS, Neuropathy, Parkinson’s
* Active Cancer
* AIDS/HIV
* Lymphatic Disorders
* Uncontrolled diabetes or diabetes complications
* Severe kidney or liver disease
* Pregnancy/Breastfeeding/IVF
* Bacterial or viral infections of the skin
* Wound healing disorders
* Circulatory disorders
* Surgery in the past 6 months
* Pacemaker or metal implants
* Active or Severe Eczema, rashes, or dermatitis
* Use of topical antibiotics in treatment area
* Silicone/other implants in treatment area

I have read and understand the contraindications of Cool Toning\_\_\_\_\_\_\_\_\_(initials)

Cool Toning/Slimming Facial:

* Severe Raynaud’s
* Severe allergy to cold
* Progressive diseases such as but not limited to MS, ALS, Neuropathy, Parkinson’s
* Botox in the past 30 days
* Fillers in the past 90 days
* Bacterial or viral infections of the skin
* Wound healing disorders
* Circulatory disorders
* Metal implants
* Surgery in the last 6 months
* Active or Severe Eczema, rashes, or dermatitis
* Silicone/other implants in treatment area
* Use of topical antibiotics in treatment area
* Body piercings that can’t be removed in treatment area

I have read and understand the contraindications of Cool Toning/Slimming Facial\_\_\_\_\_\_\_(initials)

The statements above are factual and correct to my knowledge. I understand that any procedure or treatment involves risks. Risks may include redness, swelling, irritation, skin reaction, or increased heart rate. Some people may experience delayed onset muscle soreness from treatments on the stomach due to unintentionally engaging the abdominals, which usually disappear the same day. I understand that each person may have a different reaction to Cool Slimming or Cool Toning. The risks, benefits, and possible results have been discussed with me and explained in full. I have been provided the opportunity to ask questions and have received satisfactory responses.

Initial\_\_\_\_\_\_\_\_\_

I agree to have my photograph taken to document my results. I give permission for any photographs and other audio-visual and/or graphic materials to be used for marketing, education, and/or promotional purposes without any payment to me. I understand that although the photographs or accompanying materials will not contain my name or any other identifying information, I am aware that I still might be identified by the photos.

Initial\_\_\_\_\_\_\_\_\_\_\_

By signing below, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge and certify that I have read and understand the “Cool Slimming/Cool Toning Consent Form” and agreement for this treatment, and that I am signing it voluntarily. Should any pain or discomfort occur, I will immediately notify Enhanced Aesthetics by Jaalah. I understand that I must be at least 18 years old to have this treatment done on me. I also understand that all sales are final, and no refunds will be permitted.

Client Name (printed)

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Client Name (signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Esthetician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_