

**Client Profile and Medical History:**

Name: \_\_\_\_\_

Initial Date of Service: \_\_\_\_\_

**1. Check if you have or had any of the following, if yes briefly explain:**

- |   |   |
|---|---|
| <input type="checkbox"/> Pregnant               | <input type="checkbox"/> Cardiac Disorders                      |
| <input type="checkbox"/> Breast Feeding         | <input type="checkbox"/> Lymphatic Disorders                    |
| <input type="checkbox"/> HIV/AIDS               | <input type="checkbox"/> Psychological Diagnosis                |
| <input type="checkbox"/> Bleeding Disorders     | <input type="checkbox"/> Diabetes                               |
| <input type="checkbox"/> High Blood Pressure    | <input type="checkbox"/> Pace Marker or Devices in Body         |
| <input type="checkbox"/> High Cholesterol       | <input type="checkbox"/> Metals in Body                         |
| <input type="checkbox"/> Liver Disorders        | <input type="checkbox"/> Seizures                               |
| <input type="checkbox"/> Skin Disorders         | <input type="checkbox"/> Cancer                                 |
| <input type="checkbox"/> Respiratory Disorders  | <input type="checkbox"/> Acute illness (cold/flu/diarrhea/etc.) |
| <input type="checkbox"/> Neurological Disorders | <input type="checkbox"/> Other: _____                           |

**2. Describe all surgeries and the year you received them:**

\_\_\_\_\_  
\_\_\_\_\_

**3. List all allergies and your reactions:**

\_\_\_\_\_  
\_\_\_\_\_

**4. List all medications/herbs/supplements currently or recently taken:**

\_\_\_\_\_  
\_\_\_\_\_

**5. List any medical or non-medical condition your technician should be aware of:**

\_\_\_\_\_  
\_\_\_\_\_

**6. Specific Appearance problems and treatment goals:**

\_\_\_\_\_  
\_\_\_\_\_

## SKIN DESCRIPTION

|  |            |
|--|------------|
| Skin Condition: ___ Dry ___ Oily ___ Normal ___ Acne Prone         | Ethnicity: |
| Is your skin fragile or sensitive, if yes describe?                |            |
| Do you have problems healing from injury to skin, if yes describe? |            |
| Have you ever had a cold sore?                                     |            |
| Are you primarily inside or outside?                               |            |
| Do you currently use sun block regularly?                          |            |

\_\_\_\_ (Initial) I verify that I am in good physical condition and the information documented is accurate and complete. I have no physical restriction, condition, or disability which may prevent me from receiving the prescribed skin care and/or body treatment therapies. I hereby give my consent to have the recommended procedures performed on me.

### **Informed Consent for Non-Surgical Body Contouring / Skin Therapies:**

- I understand that certain procedure(s) elected are relatively new industries and long-term safety or effectiveness has not been scientifically validated at this time. I understand that each person has a different response to Body Contouring.
- I understand that the procedure(s) do not correct health problems, including but not limited to diabetes, heart attack, stroke, high cholesterol, blood clots, lung problems, stomach, intestinal problems, bladder disease, an abnormality of the skin. Curvy Contouring Body Bar, LLC is NOT a medical practice and does not make medical decisions. You must consult with your primary care physician for medical advice.
- I understand that I may need post procedure care. I will dutifully be responsible and compliant with the recommendations from my clinician at Curvy Contouring Body Bar, LLC, which may include, but are not limited to skin care products, garments, etc.
- I understand that procedures involve risks. Risks may include, but not limited to redness, swelling, irritation, burns, skin reactions, etc. I must immediately report any unusual symptoms known to me to my clinician at Curvy Contouring Body Bar, LLC that includes, but is not limited to being aware of any slight nature or prominence of persistent chills, fever, redness, increased warmth, excessive bruising or swelling, etc. at the sights treated and systematically.
- I give Curvy Contouring Body Bar, LLC permission to use data about my treatment for research purposes. I understand that my name and personal identifying information will remain confidential unless I have given written permission to disclose this information. I give Curvy Contouring Body Bar, LLC permission to photograph / record my procedure(s) in a professional manner.
- I have decided that the benefits of body contouring outweigh the potential for complications and all claims have not been evaluated by any regulatory board. I understand the nature of the procedure(s) and / all possible risks mentioned and not limited to. I attest that I am of clear mind, competent, and not under any distress.

### **ALTERNATIVE TREATMENTS**

- It has been explained that other temporary and more permanent treatments are available to sculpt, contour, tone, exfoliate, clean, and detoxify the body. Alternative forms of management include receiving no treatment at all. If treatment is chosen alternative body sculpting therapies and other services offered include those offered at Curvy Contouring Body Bar, LLC. Surgical options include Liposuction, Tummy Tucks, Fat Transfer, Muscle Repair etc. I understand that risk and potential complications are associated with these and alternative forms of non-surgical and surgical treatments.

## RELEASE OF LIABILITY

- I herein certify that I am not pregnant or nursing.
- I understand that no guarantees or warranties have been made to me regarding the outcome or any improvements to my condition due to the procedure(s) I have elected to undergo. I am paying for a service and not desired results from treatments. I have been given the opportunity to ask questions and have received satisfactory answers to those questions by the treating staff representative.
- I consent to the taking of photographs/video for documentation during my treatment(s) unless otherwise stated with written notice to Curvy Contouring Body Bar, LLC. These photos may be used for marketing and/or publication for the further benefit of educating the public. All attempts will be made to protect my identity.
- I agree to indemnify, hold harmless and release Curvy Contouring Body Bar, LLC, its employees, members, representatives, affiliated organizations, and others acting on the Company's behalf of all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated, or unanticipated. I further agree that in except in the events of the Company's gross negligence or willful misconduct, no claims, demands, legal actions and causes of action shall be made against the Company for any economic and non-economic losses of any kind.

\_\_\_\_ (Initial) I certify that I have read and fully understand the contents of this form and that the disclosures referred to the above were made prior to my signing the form below. I agree to the terms listed above.

**I acknowledge that I have had the fair opportunity to ask questions and consult with Curvy Contouring Body Bar, LLC. I acknowledge that my questions have been answered to my satisfaction. I understand and accept the potential risks and / or complications involved. I understand that this transaction is final, and I will not receive any reinstatement of compensation or refund following services.**

X

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Name of Client

X

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Signature

X

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Date