



SUGAR 'N SCULPT

Intake Forms

Personal Information

Name: _____ DOB: _____ Age: _____

Cell #: _____ Email _____

Address: _____ City: _____ State: _____ Zip: _____

How did you hear about us: _____ Other: _____



<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Psoriasis, Eczema, Rosacea
<input type="checkbox"/> Cancer	<input type="checkbox"/> Cardiac/Vascular Problems	<input type="checkbox"/> Recent Surgical Incision	<input type="checkbox"/> Fever
<input type="checkbox"/> Hernias	<input type="checkbox"/> Unhealed Wounds	<input type="checkbox"/> Sunburn	<input type="checkbox"/> Cardiopathy
<input type="checkbox"/> Transdermal Drug Delivery System	<input type="checkbox"/> Transplant(s)	<input type="checkbox"/> Ulcerated Skin	<input type="checkbox"/> Hives, Herpes, Shingles
<input type="checkbox"/> Anticoagulants (Blood Thinners)	<input type="checkbox"/> Organ Failure	<input type="checkbox"/> Infection	<input type="checkbox"/> Dislocations
<input type="checkbox"/> Pacemaker/Other Electronic Device Implant	<input type="checkbox"/> Insulin Monitor	<input type="checkbox"/> Heart/Kidney/Liver Disease	<input type="checkbox"/> Plastic/Bone Cement/Metal Implants
<input type="checkbox"/> Other Medical Condition _____			
<input type="checkbox"/> Current Medications: _____			
<input type="checkbox"/> Recreational Drug Use: _____			

Are you pregnant or nursing? No Yes

When was the first day of your last menstrual cycle? _____

What is your height _____ and weight _____.

Do you currently or have had any history of cancer, cardiac or vascular problems, abdominal operations, high or low blood pressure, organ transplants, blood disorders, infectious or contagious diseases, kidney or liver disease, thrombosis or thrombophlebitis, hemophilia, photosensitivity, diabetes, autoimmune diseases, epilepsy, thyroid disorder, or other medical condition not listed above? No Yes

Please explain any medical conditions above or other: _____

Do you have any of the following: copper IUD, metal implants/fillings/piercings, saline or silicone implants, pacemaker, bone or cement implants?

 No Yes

Are you currently taking any oral, topical, or transdermal medications or supplements prescription or over the counter?

 No Yes

Please list all medications, herbs, or supplements including oral, topical, and transdermal: _____

Do you exercise regularly?

 No Yes

Do you smoke tobacco products?

 No Yes

Do you consume alcohol?

 No Yes

Do you follow a specific diet?

 No Yes

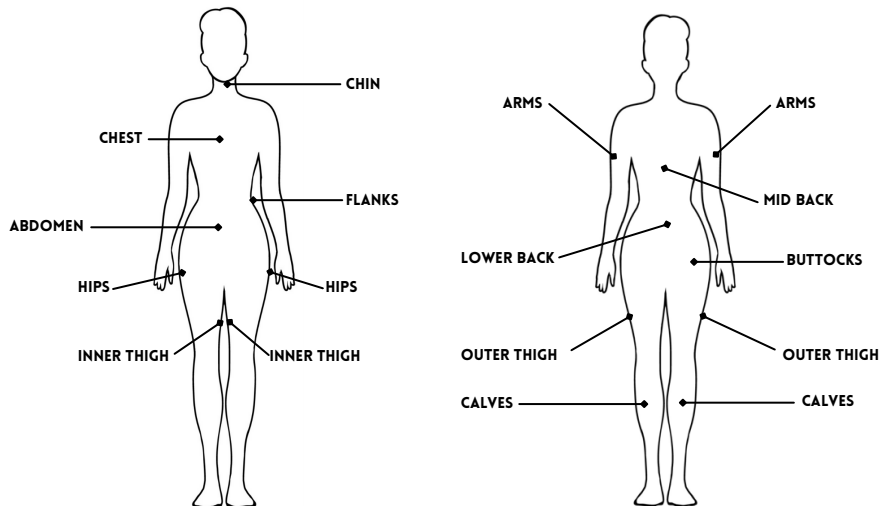
Please check daily water consumption: None 1 - 2 bottles 3 - 4 bottles 5 - 6 bottles

What are you body goals?

-

On a scale of 1-10, how satisfied are you with your body? 😞 1 2 3 4 5 6 7 8 9 10 😊

Please mark the area(s) with an X you would like to see improvement:



By signing below, you agree to the following:

I have completed this form to the best of my ability and knowledge and agree to inform the technician of any changes to the information listed on all pages of this intake form. I have been informed of and understand the contraindications to the requested treatments and 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 during the requested treatment to allow them to adjust accordingly. I agree to waive all liabilities toward the technician and Sugar 'N Sculpt for any injury or damages incurred due to any misrepresentation of my health history.

Signature

_____/_____/_____
Date



Informed Consent

Please read this consent form entirely. Our expert staff utilizes state-of-the-art FDA approved LED, Ultrasound Cavitation, Vacuum Therapy, Cupping, and Radio-Frequency technologies to treat the arms, stomach, back, hips, thighs, booty and more! Our body contouring services are NON-INVASIVE with NO downtime for body shaping, cellulite treatment, fat reduction, and skin tightening.

Please read the following statements and initial next to each one. If you have any questions or concerns, please inform your technician.

1. _____ The ultrasonic cavitation treatment uses 30KHz frequency ultrasound to penetrate the skin and assist your body in breaking down fat cells. Multiple sessions may be required to achieve desired results at an additional cost. Ultrasound Cavitation carries possible health risks and complications including but not limited to kidney failure, liver failure, pacemaker failure, birth defects, miscarriage, thyroid damage, ovary damage, hyper-triglyceridemia, hyper-cholesterolemia, pancreatitis, infections, scarring, and/or allergic reactions to any products used during the treatment(s). I understand that Sugar 'N Sculpt is using a high-power low-frequency 30KHz machine on me during this service and the machine has a mild ringing noise when using it.
2. _____ Vacuum therapy is a noninvasive procedure that uses vacuum technology to create suction on the body surface to increase lymphatic drainage, help reduce the appearance of cellulite, provide a visible lifting and firming effect and more.
3. _____ Radiofrequency (RF) energy is a new and promising technology for non-surgical tightening of the early signs of loose or sagging skin. RF can also be used in conjunction with ultrasound cavitation to aid in further fat breakdown and also to tighten the skin in the same area the cavitation treatment has taken place. I understand the Radio Frequency Treatment may have known or unknown complications including but not limited to: increased inflammation, redness, and rashes although these side effects are rare.
4. _____ Electro Muscle Stimulation (EMS) uses faradic current to tighten and tone muscles for lifting and slimming. It may visibly lift, firm, and contour muscles attached to the skin.
5. _____ Wood Therapy Sculpting uses wooden tools to promote circulation, lymphatic drainage, and reduce the appearance of cellulite producing a smoother, tighter and more contoured appearance.

6._____ Lipo Laser is a noninvasive procedure that may help to liquify fat cells and stimulate the production of collagen which results in firmer, tighter and smoother skin. I understand the Lipo Laser/LED procedure may have known or unknown complications including but not limited to redness, swelling, heat sensitivity, pain, increased bowel movements, increased urination, increased menstrual flow and flu like symptoms.

7._____ I understand that treatments are not recommended if I am pregnant, breast feeding, have a lymphatic disorder, acute illness, metal implants, pacemaker, or are currently being treated for active cancer.

8._____ I understand that neither office personnel of Sugar 'N Sculpt nor this agreement provides a guarantee of results. This agreement deals solely with the services to be rendered and the fees to be paid for the care as provided. Your payment obligation is not contingent upon the outcome of services.

9._____ I have been informed of the nature, risks, and possible complications and consequences of the body sculpting procedures. I have fully disclosed all health factors to my therapist to avoid any complications. I understand that results may vary per client.

10._____ I understand that I may experience discolorations that occur from the release and clearing of stagnation and toxins from my body. Furthermore, I may develop flu-like symptoms including nausea, vomiting, headache, and body aches (PLEASE DETOX TO HELP PREVENT THESE SYMPTOMS).

11._____ I understand that I should avoid caffeine, sugar packed food and drink, dairy, and processed meats and consume an abundance of clean water. I understand that an appropriate diet and regular exercise will assist to sustain results.

12._____ I understand that to achieve maximum results, I may require several treatments (8-10 sessions are recommended for best results).

13._____ I understand that if I discontinue treatments, results may regress over time.

By signing below, you agree to the following:

I understand this agreement is binding and that I have read and fully understand all information listed above. I represent that I am over the age of 18 or if under the age of 18, I have a parent and/or guardian signature below and that he/she consents to this procedure under these terms. I have completed this form to the best of my ability and knowledge and agree to inquire about questions I may have before Sugar 'N Sculpt begins performing the procedure. I have been informed of and understand the contraindications to the requested treatments and agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform my technician of any discomfort I may experience during the requested treatment to allow them to adjust accordingly. I agree to waive all liabilities toward my technician and Sugar 'N Sculpt for any injury or damages incurred due to any misrepresentation of my health history.

Signature

_____/_____/_____
Date