TECHNICAL DATA SHEET
FOR BUTTOCK LIFTING TREATMENT

DATE D M Y | Sheet #

CLIENT INFORMATION

CUSTOMER NAME:	I.D. #
AGE:	SEX:
DATE OF BIRTH: D M Y	OCUPATION:
PHONE NUMBER:	E-MAIL:
IN CASE OF EMERGENCY CALL:	PHONE:

Reason for consultation:

MEDICAL HISTORY / BACKGROUND

MEDICAL CONDITIONS:

If the history referred to is a contraindication (see appendix: contraindications), the treatment may NOT be performed, however if the history has been overcome, the contraindication will be considered relative, and it is the treating physician who will authorize the aesthetic treatment.

HABITS AND LIFESTYLE

FOOD	LOW	MEDIUM	HIGH	FOOD	LOW	MEDIUM	HIGH
Bread, Grains and Starch				Dairy			
Fruits and Vegetables				Fats			
Proteins				Sweets			

Other:

Do you drink water? YES ☐ NO ☐ How many times a day?

Do you smoke? YES ☐ NO ☐ How many times a day?

Alcohol consumption	HIGH ☐	MEDIUM ☐	LOW ☐
Energy drinks consumption	HIGH ☐	MEDIUM ☐	LOW ☐
Coffee consumption	HIGH ☐	MEDIUM ☐	LOW ☐

How much sleep do you get?

Do you practice any sport? YES ☐ NO ☐ Which one?

Based on the above information, it is recommended that the client change his/her diet and lifestyle to ensure that the treatment responds optimally.

CLIENT SIZE

Mark with an "x" the client's hip size

S	M	L	XL	XXL

Observations:

Mark with an "x" to indicate the area to be treated

FILLER AREAS	GLUTEUS SIDE ☐	GLUTEUS CENTER ☐

Please mark with an "x" to indicate the compromise

MARKING THE FOLD OF THE BUTTOCK BASE	MILD ☐	MODERATE ☐	SEVERE ☐
SKIN	MILD SAGGING ☐	MODERATE SAGGING ☐	SEVERE SAGGING ☐
ADIPOSITY	MILD ☐	MODERATE ☐	SEVERE ☐

IN ORDER TO PERFORM THE BUTTOCK LIFTING, IT IS NECESSARY FOR THE CLIENT TO HAVE A MODERATE OR SEVERE FAT COMPONENT AND MILD OR MODERATE FLACCIDITY IN THEIR BUTTOCKS, OTHERWISE THE TREATMENT CANNOT BE OFFERED.

BODY CIRCUMFERENCE (MEASUREMENTS)

CIRCUMFERENCE BY AREA						
DATE						
Hip - Buttocks						
High Thigh						

AESTHETIC DIAGNOSIS

RECOMMENDATIONS:
Food rich in proteins, vegetables, fruits, daily exercise (squats), application of reaffirming cosmetics, control garment and maintenance sessions at least every 2 times a month

AUTHORIZATION TO TAKE PHOTOGRAPHS

I consent to have photographs taken of me, to be used as support during my treatment. **YES** ☐ **NO** ☐

OBSERVATIONS FROM THE PHOTOGRAPHIC RECORD AT THE BEGINNING OF TREATMENT:

OBSERVATIONS OF THE PHOTOGRAPHIC RECORD AT THE END OF THE TREATMENT:

Client's Signature: _____

AGREEMENT AND CONSENT
FOR BUTTOCK LIFTING TREATMENT

I hereby authorize, and give my consent to: (esthetician name) _____ _____ to perform to me (client) _____ ID No. _____, a BUTTOCK LIFTING TREATMENT. I acknowledge that this treatment has been thoroughly explained to me, its nature, purpose, advantages, disadvantages, discomforts and complications that may arise; and I have had the opportunity to ask questions and all my doubts have been resolved to my satisfaction and I have no further doubts.

I hereby consent to be photographed for the purposes of the application of this Body treatment and understand that these photographs will become the property of the establishment.

If I am allergic to any cosmetics, please state which _____; otherwise, I give permission to have the necessary Cosmetic products of this treatment applied to me,

_____

_____

The equipment or accessories to be used are: _____

_____

I acknowledge that I have been informed of their use, indications and contraindications, and I give my consent to their use in the treatment.

My signature confirms that I have fully and honestly answered all the questions I have been asked and I agree to be informed and agree with the treatment to be performed, knowing beforehand that the results of the treatment are composed of the application of the protocol, complemented with the self-care at home with healthy eating habits and moderate exercise.

My signature certifies that I have read, understood what is described here and that I agree with it.

_____	_____
CLIENT Signature	PRACTITIONER Signature
ID.	ID.

TREATMENT FOLLOW-UP

SESSIONS	DATE	PROCEDURE	SIGNATURE
1			
2			
3			
4			
5			
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