



# Ultrasound Cavitation Intake Form

(CONFIDENTIAL INFORMATION)

## General Information

Name:		DOB:
Phone No.:	Email:	
Address:		Gender:
City:	State:	Zip Code:
Emergency Contact Name:		
Phone:	Email:	

How would you like to receive your updates, appointment confirmations, specials and discounts email notification?

☐ Daily

☐ Weekly

Are you a referral?

☐ Yes

☐ No

Referrals Name:

## Medical History

Do you have any chronic medical conditions that we should know about?

☐ Yes

☐ No

If yes, please list: \_\_\_\_\_

Are you currently taking any medications?

☐ Yes

☐ No

If yes, please list: \_\_\_\_\_

Have you had any plastic surgery?

☐ Yes

☐ No

If yes, please explain: \_\_\_\_\_

Do you have type 1 or type 2 diabetes?

☐ Yes

☐ No

Do you have any known kidney or liver disorders?

☐ Yes

☐ No

If yes, are you currently on chemotherapy?

☐ Yes

☐ No

Have you had cancer in the past 12 months?

☐ Yes

☐ No

Do you have any thyroid problems?

☐ Yes

☐ No

Do you have high blood pressure? ☐ Yes ☐ No

Do you have any cardiovascular conditions? ☐ Yes ☐ No

Do you have any medical devices implanted including, but not limited to, hearing aids, a pacemaker, or hormonal pellets? ☐ Yes ☐ No

If yes, please list: \_\_\_\_\_

### Measurements

Weight:	Height:	Waist:	Hip:
Right Thigh:	Left Thigh:	Right Bicep:	Left Bicep:

What concerns would you like addressed today? \_\_\_\_\_

Do you want to lose body fat? ☐ Yes ☐ No

If yes, from what area: \_\_\_\_\_

Do you want to tighten skin on your body? ☐ Yes ☐ No

If yes, from what area: \_\_\_\_\_

Do you want to reduce cellulite? ☐ Yes ☐ No

If yes, from what area: \_\_\_\_\_

Please list your regular exercise habits: \_\_\_\_\_

Please describe your current dietary habits: \_\_\_\_\_

How many ounces of water do you drink daily? \_\_\_\_\_

(Female clients) Are you currently pregnant or nursing? ☐ Yes ☐ No

When was the first day of your last menstrual cycle? \_\_\_\_\_

### By signing below, I agree to the following:

I have completed this form to the best of my ability and knowledge. I agree to inform the technician of any changes in the above information. I 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 at any time during my treatment to allow them to adjust accordingly. I agree to waive all liability toward my technician and the spa for any injury or damages incurred due to any misrepresentation of my health.

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

Date \_\_\_\_\_

Signature \_\_\_\_\_



# Ultrasound Cavitation Informed Consent Form

(CONFIDENTIAL INFORMATION)

Name:

DOB:

Phone No.:

Email:

Address:

City:

State:

Zip Code:

Which part of the body will undergo ultrasound cavitation treatment?

☐ Abdomen

☐ Thighs

☐ Waist

☐ Back (lower)

☐ Neck

☐ Back (upper)

☐ Arms

☐ Hips

Do you have any allergies?

☐ Yes

☐ No

What type of allergies do you have?

Are you currently taking any medications?

☐ Yes

☐ No

If yes, what are the medications you're currently having?

Are you pregnant or breastfeeding?

☐ Yes

☐ No

Do you have any cardiovascular disease?

☐ Yes

☐ No

Do you suffer from epilepsy?

☐ Yes

☐ No

Do you have a high blood pressure or hypertension?

☐ Yes

☐ No

Do you have any kind of cancer?

☐ Yes

☐ No

Did you undergo any surgery in the abdomen before?

☐ Yes

☐ No

Did you undergo any transplant?

☐ Yes

☐ No

Do you have any communicable disease?

☐ Yes

☐ No

Do you have a current infection?

☐ Yes

☐ No

## Consent Agreement

I authorized Clinic to perform this diagnostic procedure as part of my treatment.

I understand the complications and risks that might happen as a result of this procedure. However, I still like to proceed.

I release and hold harmless Clinic against any claims, damages, costs, which may occur during or after the procedure.

I understand that I need to follow the pre-care and post-care instructions given by the clinic.

By signing this consent, I confirm that I have read and understood all the information indicated in this document. I also assure you that I'm of legal age. I fully accept all responsibilities for these or any other complications that may occur during the procedure.

Date \_\_\_\_\_

Signature \_\_\_\_\_



# Ultrasound Cavitation Pre and Post-Care

The aftercare for ultrasound fat cavitation is detailed, however it is worth sticking to to ensure maximum results. To ensure that your body responds well to ultrasound fat cavitation, drink a minimum of 1.5 liters/6 cups of water prior to and following your treatment. Stagger 2 liters intake of water over 24 hours, for three days post-treatment.



The ultrasound fat cavitation treatment works by eliminating fats and toxins via the lymphatic and urinary systems. The body requires three days to properly eliminate the fat and toxins after a treatment. Treatment intervals also need to reflect this; at least three days must pass between each session. For most clients, I recommend a minimum of between six and ten fat cavitation treatments for best results.



It is important to topically stimulate the treatment area following your session by use of a dry body brush, loofah, exfoliating gloves, or a dual action body scrub can be used in the shower or bath. In order to promote circulation in the treated area, daily use of a body moisturizer, will not only ensure proper circulation but will also increase cell turnover, revealing firmer and more youthful looking skin.



Maintaining a low calorie, low carbohydrate, low fat, and low sugar diet for 24 hours pre-treatment and three days post-treatment will help achieve the best results. This is to ensure your body utilizes the triglycerides (a type of body fat) released by the fat cavitation process. If suitable, I also encourage my clients to stick to this diet as much as they can. Many find this to be a great starting point for maintaining a healthier lifestyle in the future.



A minimum of 20 minutes of elevated heart rate cardio exercise is required post-treatment. This is best to be done immediately after the treatment, and for three days following. This ensures the stored energy released by the cavitation process is burned off. If cardio is not your style, this is where infrared sauna sessions may assist, as it has a similar effect on the body. Additional steps can be taken to achieve optimum results. You can assist your body to flush toxins by following your treatment with the use of an infrared sauna. Lymphatic drainage will help eliminate released toxins from the body. This can be done post treatment via a massage or body vacuum treatment. By following the ultrasound fat cavitation after care plan, the results will be visible. It is a non-invasive treatment which requires no downtime, and offers results which are comparable to liposuction.

