

Getting Started:

Personal Profile, Health History & Consent Form



Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City/State/Zip: _____
Date of Birth: ____/____/____ Age: _____ Gender: M ___ F ___
Occupation: _____ Email Address: _____

To ensure the safety and effectiveness of your Cocoon session, please complete the medical history questionnaire below:

1. Are you currently pregnant? Yes / No
2. Are you currently breastfeeding? Yes / No
3. What is the primary reason for beginning your Cocoon sessions?

4. What medications are you currently taking? Please list all prescriptions, over-the-counter, vitamins or supplements:

5. Allergies: If you are allergic to any medications, please list them along with your reactions:

6. Are you currently being treated for any medical conditions? Yes / No

Explain: _____



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(continued)

Contraindications (to be completed by technician)

Finding out a client's contraindications requires a thorough client analysis. Being ignorant of the client's medical history may cause problems.

- Heart/respiratory problems
- Pacemaker
- High blood pressure
- Kidney disorders
- Nervous conditions (e.g. epilepsy)
- Diabetes
- Pregnancy / Breastfeeding
- Implants
- Open lesions
- Pustules or cysts

Please share any questions, concerns, or comments: _____

The above conditions mean we advise the client to not receive the Cocoon System session. However, they might bring a medical release prior to a Cocoon session if they still want to try it at their own risk.

By signing below I confirm that the answers to the questionnaire are true and correct. I have read the contents of this Personal Profile, Health History, and Consent Form carefully and state I am not aware of any medical conditions or any other reason that would prohibit me from receiving Cocoon sessions. I understand individual results may vary. I have been given instructions for the proper use of the equipment and I will use it at my own risk. I hereby give my consent to have Cocoon sessions and release the owners, operators, and manufacturer from any damages that I might incur due to the use of this facility:

Client Name (Please Print): _____

Client Signature: _____

Date: ___/___/___

Parent or Guardian Consent:

I hereby give my permission as a parent or guardian of _____ who is _____ years of age and is my _____ to use the Cocoon at this salon. I have read and understand this Personal Profile, Health History, and Consent Form and agree to accept all of its provisions.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Date: ___/___/___

