



Fat Cavitation Client Consent Form

By completing this client profile, you will assist us in evaluating your condition. The information you provide will be used to determine what factors may be affecting you so that we may recommend the proper care.

Name: _____ Date: _____

Address: _____ Phone #: _____

Birth date: _____ Email: _____

Emergency Contact: _____

How did you hear about us? _____

Health/Medical (Please answer to best of your knowledge) Weight _____ kg Height _____

Circumferences :

Waist _____ cm Hip _____ cm Under gluteus area _____ cm Abdomen _____ cm

R Thigh _____ cm L Thigh _____ cm R Arm _____ cm L Arm _____ cm

Age of occurrence of excess fat: _____

Significant changes in body weight, occurring over the past 10 years _____

Significant changes in weight over the past 12 months _____

Areas to be treated _____

Presence of cellulite _____

Please list all medications that you take regularly. Include hormones, vitamins, etc: _____

Please circle any health conditions which you have had or are now experiencing:

- Cancer Pregnancy Epilepsy Seizures Lupus Thrombosis Phlebitis Hemophilia
- HIV Recent Illness Heart Problems Pacemaker Alcoholism Multiple Sclerosis
- Metal Implants/Screws Hormonal Disorders Smoking Hypoglycemia Asthma
- Thyroid Disorders Muscular Conditions Recent Surgery High/Low Blood Pressure

Allergies: _____

Have you ever undergone plastic surgery? _____ If yes, when? _____

Where on your body? _____

Nutrition/Diet

Circle any of the following foods that you consume and indicate the amount per day:

Sugar Spicy Foods Dairy Products Snack Foods Meat Products

Circle the types of fluids that you consume daily and indicate the amount per day:

Water Juices Tea Coffee Alcohol Sodas

How often do you exercise? _____

What are your Goals and Expectations? _____

What specific improvements do you wish to see? _____

In what time frame do you expect to reach your goals? _____

Key factors to consider:

- The type of excess fat to be addressed – Genetic and environmental factors, including diet and lifestyle makes every human unique, so too their results.
- Exercise and a balanced diet should be incorporated in the program, to naturally encourage metabolism, thereby elimination of liquefied of fat after cavitation.
- Hydration pre and post treatment affects results.
- The crucial role that the lymphatic system plays after cavitation.
- High compliance required from the client.

For these reasons, the clients program should include (by a qualified professional):

1. Nutrition counselling (low caloric/fat/sugar diet)
2. Personal trainer (utilize liquefied fat/fatty acids as a source of energy)
3. Lymphatic drainage (immediately and in between treatments)
4. Hormone Testing

Client Release

I, _____ certify that the above statements are true and correct, and that I have been advised and fully informed by Laser and Lipstick, concerning the nature of the process proposed, to be performed by them, and hereby authorise and direct them to perform such process and perform such services as may be deemed necessary or advisable.

My signature below constitutes my acknowledgement that:

1. I have read, understand and fully agree to the foregoing
2. Understand the caution and contraindications for each process and service proposed
3. Give consent to the proposed process that has been satisfactorily explained to me and my questions have been addressed
4. I hereby give my consent and authorization voluntarily and release Laser and Lipstick and its therapists of any claims that I have or may have in the future in connection with the described application or service.

Client Full Printed Name _____

Date _____

Client Signature _____

Witness Full Printed Name _____

Date _____

Witness Signature _____