Client Intake Form
for Body Contouring

General Information

Name

Date of Birth

Address

City

State

Zip Code

Phone #

Email

Occupation

Emergency Contact Name

Phone #

Would you like to be added to our email list for specials and discounts?   Yes ☐   No ☐

How did you hear about us?

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 explain:

Do you have any allergies?   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 ☐

Do you have photosensitivity to sun exposure?   Yes ☐   No ☐

Do you currently have cancer?   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   **Yes** ☐   **No** ☐

limited to, hearing aids, a pacemaker, or hormonal pellets?

If yes, please list:

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 salon for any injury or damages incurred due to any misrepresentation of my health.

_____   _____   _____

Name Printed   Signature   Date