



Contour Body Sculpting **Patient Intake Form**

**Your success is our #1
priority!**

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Email: _____

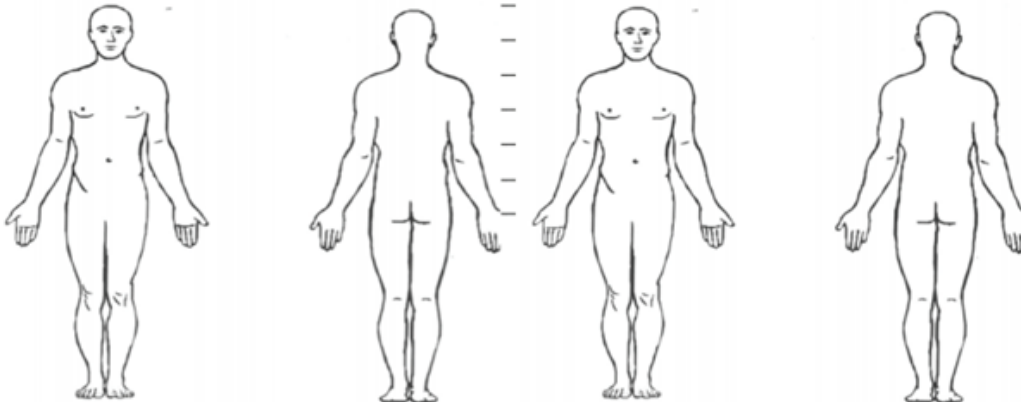
Height: _____ Weight: _____ DOB: _____

Are you currently under physician care for an acute reason? _____

Do you exercise? _____ How often? _____ What type? _____

How did you hear about us? _____

Areas Of Your Body That You Want To Change



Reason for seeking treatment/goals:

-----**Below for office use only**-----

Goal Discussion Notes: (Include wrap details)

Details of treatment:

Session Plan:

_____ Premier Wellness Program- 20 Contour, 8 Shape, Hormone Balance

_____ Wellness Program - 10 Contour, 4 Shape, Hormone Balance

_____ Contour Body Sculpt Program - 12 Contour only

_____ Contour Trial - 6 Contour

Form of Payment:

Cash

Personal Credit

House Credit (5 mo)

Care Credit (12 mo)

Measurements:

Measurements will be done at the first session, before and after, and again after the last treatment. A mid-way measurement can be done for progress check if scheduled ahead of time. A detox supplement will be given to support anyone doing 8 or more sessions as well.

Cancellation - No Show - Late for Appointment - Refund Policies:

- We require a 24 hour cancellation notice
- Due to demand for treatment spots in the schedule, if you are a no show/no call for your appointment, you will forfeit that session from your package total
- If you are late for your appointment, your treatment will be shortened from the normal time period, to avoid inconveniencing the clients scheduled after you
- All sales are final and non-refundable

Consent to Treatment:

I understand:

1. Results vary from person to person, and no result is guaranteed.
2. The Contour Light system is meant to be implemented along with modifications to healthier lifestyle, to achieve the best results. We recommend low fat/carbs, no sugar, and no alcohol for the duration of your treatments. We also recommend moving your body more each day for better lymphatic processing, an added 15-20 minutes within 4-6 hours of treatment is ideal.
3. You may experience some hyper/hypo pigmentation during the treatment due to the use of light, that will fade shortly after your treatment.
4. You do not have any of the following medical/physical conditions:

Pacemaker or heart loops, seizures, fatty liver, active cancer (or within 1 year remission), lymphatic incompetency, kidney or liver disease, cirrhosis, hepatitis, or uncontrolled high blood pressure. I am not pregnant or breastfeeding.

I understand the terms herein are contractual and I have signed this document in agreement:

Patient Name (print): _____

Patient Signature: _____

Date: _____