



## CLIENT 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 of your Slim~it 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 Slim~it sessions?

\_\_\_\_\_

4. What medications are you currently taking? Please list all prescriptions:

\_\_\_\_\_  
\_\_\_\_\_

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

Explain: \_\_\_\_\_

# SLIM-it

*Intensive Thermofusion™*

## BODYWRAP

6. **Contraindications** (to be completed by client). Please advise if you have any of the following medical conditions, which could be contraindications:

	Yes	No	Explain
Skin diseases	___	___	_____
Heart defibrillators or other implantable devices	___	___	_____
Heart disease	___	___	_____
Recent surgery	___	___	_____
Osteoporosis	___	___	_____
Abnormal blood pressure	___	___	_____
Pregnancy and breastfeeding	___	___	_____
Breast implants and other implants	___	___	_____
Cancer	___	___	_____

The above medical conditions do not necessarily mean the client cannot receive the Slim~it sessions, however they should receive a medical release prior to a Slim~it session.

By signing below I confirm that the answers to the questionnaire are true and correct. I have read the contents of this Personal Profile and Consent Form carefully and state I am not aware of any medical conditions or any other reason that would prohibit me from receiving Slim~it 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 Slim~it sessions and release the owners, operators and manufacturer from any liability for any claim or problem I might have and that I might incur due to the Slim~it session, the blanket, products or its use in 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 Slim~it at this salon. I have read and understand this Personal Profile and Consent Form and agree to accept all of its provisions.

Parent/Guardian Name (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_