



WOOD THERAPY BODY SCULPTING INTAKE FORM

To make your appointment pleasant and comfortable, please complete this form. This form is used to collect information about new clients and used for internal purposes only. The information you provide is confidential and will be treated accordingly. If you have any questions, please ask!

Name _____ Phone _____ Date of Birth _____

Address _____ City/State/Zip _____

Occupation _____ How did you hear about us? _____

May we contact you about upcoming promotions/discounts? Yes / No (Circle) Do you prefer: Text or Email (Circle)

Email Address _____ Texting Number _____

Health History

Are you currently taking any medication? Yes / No. If yes, please explain _____

Please check any condition listed below that applies to you:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Contagious Skin Condition | <input type="checkbox"/> Easy Bruising | <input type="checkbox"/> Cancer | <input type="checkbox"/> Current Fever |
| <input type="checkbox"/> Atherosclerosis | <input type="checkbox"/> Circulatory Disorder | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Recent Accident or Injury |
| <input type="checkbox"/> Allergies/Sensitivity | <input type="checkbox"/> Headaches/Migraine | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Joint Disorder / Tendonitis |
| <input type="checkbox"/> Artificial Joint | <input type="checkbox"/> Back/Neck Problems | <input type="checkbox"/> Phlebitis | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Recent Fracture | <input type="checkbox"/> Recent Surgery | <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Sprains/Strains | <input type="checkbox"/> High/Low Blood Pressure |
| <input type="checkbox"/> Swollen Glands | <input type="checkbox"/> Tennis Elbow | <input type="checkbox"/> Decreased Sensation | <input type="checkbox"/> Carpal Tunnel Syndrome |

Explain any conditions you have marked above: _____

What is your main area(s) of focus/problem?

- | | | | |
|-----------------------------------|-------------------------------------|---|---------------------------------|
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Arms | <input type="checkbox"/> Upper Back | <input type="checkbox"/> Calves |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Waist | <input type="checkbox"/> Inner/Outer Thighs | <input type="checkbox"/> Hips |
| <input type="checkbox"/> Buttocks | <input type="checkbox"/> Lower Back | <input type="checkbox"/> Other: _____ | |

Wood Therapy Body Sculpting Consent

Wood Therapy Body Sculpting assists in the breakdown of fatty deposits and cellulite. It's a non-invasive procedure with no downtime. Wood Therapy Body Sculpting entails a series of repetitive movements using wooden tools to manipulate targeted areas of muscle and fat. This treatment stimulates the lymphatic drainage system, boosts metabolism, and helps to break free toxins to be expelled from the body. As with any treatment, there are certain benefits and risks. Please read the following consent form carefully.

Precautions (Please Initial Each)

- 1) _____ I understand that wood therapy body sculpting treatments are not recommended if I am pregnant, breastfeeding, have a lymphatic disorder, acute illness or contagious disease, fever, skin disease, Bells Palsy or are currently being treated for active cancer.
- 2) _____ I understand that neither office personnel of Health Therapy & Beauty Center nor this agreement provides a guarantee of results. The agreement deals solely with the services to be rendered and the fees to be paid for the care as provided. Your payment obligation is not contingent upon the outcome of services.
- 3) _____ I understand that Health Therapy & Beauty Center is using wooden tools on me during this service. Should I begin feeling uncomfortable, I will immediately inform my practitioner and Health Therapy & Beauty Center so that they may adjust accordingly.
- 4) _____ I understand that there are no guarantees to results and that neither Health Therapy & Beauty Center nor this consent implies that results are guaranteed.
- 5) _____ I understand and acknowledge that payments for the above services are non-refundable.
- 6) _____ I understand that I may experience mild discomfort during the procedure from the pressure and technique the practitioner performs on me and I may experience bruising which should subside within a week.
- 7) _____ I agree to inform and notify immediately Health Therapy & Beauty Center should any information regarding my health historical pas and present change.
- 8) _____ I agree that I have answered all the questions about myself and my health history to the best of my abilities and knowledge.
- 9) _____ I certify that the information on this intake for is true, and acknowledge that any misrepresentation of my health history may result in injury or death. If any of the information about me or my health history is false, misleading or undisclosed, I agree that Health Therapy & Beauty Center will not be held liable.
- 10) _____ By my signature below, I certify that I have read and understood the contents of this consent form.

I consent to allow Health Therapy & Beauty Center to consult and evaluate me to determine if I am a good candidate for Wood Therapy Body Sculpting. I understand that photographs and measurements will be taken and kept in my file. I agree that these forms have been completed truthfully and to the best of my knowledge and abilities. I acknowledge and accept that wood therapy body sculpting does not treat medical conditions, nor does it claim or guarantee to treat or relieve any medical condition. I understand the contraindications associated with body contouring including but not limited to cardiac issues, pregnancy, cancer, skin disease, and other medical conditions as discussed with staff members of Health Therapy & Beauty Center. Furthermore, I agree to waive all liabilities toward Health Therapy & Beauty Center for any injury or damages incurred due to the misrepresentation of my health history.

Signature

Date

Health Therapy & Beauty Center 12701 Kenwood Ln. #1001 Ft. Myers Florida 33907

