Client Intake Form for Fat Freeze

BEE LUXE
MED SPA

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

Please check all that apply: Temp:_____

- ☐ Abdomen Operations
- ☐ Acute Inflammation
- ☐ Bleeding Disorders
- ☐ Cancer/Tumor
- ☐ Communicable Disease
- ☐ Cold Urticaria
- ☐ Cryoglobulinemia
- ☐ diabetic neuropathy
- ☐ Epilepsy
- ☐ Eczema
- ☐ Dermatitis
- ☐ Hemophilia
- ☐ Hernia
- ☐ Impaired Peripheral Circulation
- ☐ Impaired Skin Sensation
- ☐ Infected Wounds
- ☐ Infectious Disease
- ☐ Neuropathic Disorders
- ☐ Neurological Disorder
- ☐ Paroxysmal Cold Hemoglobinuria
- ☐ Post-herpetic Neuralgia
- ☐ Pregnant/Nursing
- ☐ Open Wounds
- ☐ Rashes
- ☐ Raynaud's Disease
- ☐ Sensitivity to Cold
- ☐ Unhealed Wounds

Other: _____

Do you have any other medical conditions that we should know about? Yes ☐ No ☐

If yes, please list:

Are you currently taking any medications (including blood thinners)? Yes ☐ No ☐

If yes, please list:

Do you have any allergies? Yes ☐ No ☐

If yes, please explain:

Have you had any surgeries in the past 12 months? Yes ☐ No ☐

If yes, date, please explain:

Do you have any medical devices implanted including, but not limited to, hearing aids, a pacemaker, defibrillator, or hormonal pellets? Yes ☐ No ☐

If yes, please list:

When was the first day of your last menstrual cycle?

Do you use recreational drugs? Yes ☐ No ☐

If yes, please list:

Service Information

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: Yes ☐ No ☐

Please describe your current dietary habits: Yes ☐ No ☐

How many ounces of water do you drink daily? Yes ☐ No ☐

Treatment Area(s)

(Select all that apply):

- ☐ Neck
- ☐ Arms
- ☐ Waist
- ☐ Abdomen
- ☐ Hips
- ☐ Buttocks
- ☐ Thighs
- ☐ Calves
- ☐ Lower Back
- ☐ Upper Back

Measurements

Weight	_____	Right Thigh	_____
Height	_____	Left Thigh	_____
Waist	_____	Right Bicep	_____
Hip	_____	Left Bicep	_____

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 spa, Bee Luxe Med Spa for any injury or damages incurred due to any misrepresentation of my health.

_____ _____ _____

Name Printed **Signature** **Date**

Informed Consent For Fat Freeze

BEE LUXE
MED SPA

I, _____ give my consent for fat freeze to be performed by

_____

Please read and initial each of the statements below:

_____ I certify I am over the age of 18.
_____ I have voluntarily elected to receive fat freeze after the nature and purpose of this treatment have been explained to me.
_____ I understand that fat freeze can be used to reduce fat deposits but is not intended to be a weight loss solution.
_____ I understand that there are no guarantees that the treatment will be effective and that to ensure maximum results, multiple treatments will be necessary.
_____ I understand that the following conditions preclude me from having this treatment at this time and verify that none of the following conditions apply to me at this time:

- Cryoglobulinemia or paroxysmal cold hemoglobinuria
- Known sensitivity to cold such as cold urticaria or Raynaud's disease
- Impaired peripheral circulation in the area to be treated
- Neuropathic disorders such as post-herpetic neuralgia or diabetic neuropathy
- Impaired skin sensation
- Open or infected wounds
- Bleeding disorders or concomitant use of blood thinners
- Recent surgery or scar tissue in the area to be treated
- A hernia or history of hernia in the area to be treated
- Skin conditions such as eczema, dermatitis, or rashes
- Any active implanted devices such as pacemakers and defibrillators
- Pregnancy or lactation

_____ I recognize there are no guaranteed results.
_____ I understand and acknowledge that there are risks involved with the treatment I will be receiving including, but not limited to:

- Pulling
- Tugging
- Pinching
- Intense Stinging
- Itching
- Aching
- Cramping
- Bruising
- Numbing
- Muscle Spasms
- Swelling
- Tenderness

_____ I have been informed of possible benefits, risks, and complications, and I have had the opportunity to ask questions regarding these risks and other possible complications.
_____ I have, to the best of my knowledge, given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically.

I have read and fully understand this agreement and all information detailed above. I understand the procedure and accept the risks. I agree I will assume the risk and full responsibility for any and all injuries, losses, side effects, or damages which might occur to me while I am undergoing this procedure. I do not hold the technician responsible for any of my conditions that were present, but not disclosed at the time of this procedure, which may be affected by the treatment performed today.

_____	_____	_____
Name Printed	**Signature**	**Date**

Verified by: _____

By signing this release, I hereby waive and release Bee Luxe Med Spa from any and all liability, past, present, and future relating to bodywork.

Fat Freeze: What To Expect

BEE LUXE
MED SPA

Before Your Appointment

- Wear loose and comfortable clothing to your appointment.
- Come properly hydrated before your treatment session.
- Ensure that the skin in the area(s) to be treated is clean and free from any cuts, wounds, or lesions.
- Remove all jewelry or piercings from the area(s) to be treated.
- Bring a spare set of clothes as the gel pads applied with the applicator may make your clothes wet.
- Eat only a light meal, as some patients (in very rare cases) may feel slightly nauseated at the beginning of the treatment.
- Bring a phone, tablet, or book to entertain yourself during the treatment session if you would like.

After Your Appointment

- Most patients can return to their day-to-day activities immediately after their treatment session.
- Brief tingling or stinging sensations are normal.
- You may experience stiffness and/or transient blanching (temporary whitening of the skin) in the treated area(s).
- Slight nausea or dizziness may occur for a few minutes as your body readjusts to its natural warmth and sensation.
- Redness in the treated area(s) may persist for up to a few hours after the applicator is removed.
- Any bruising, swelling, numbness, and/or tenderness that occurs will resolve within two weeks.
- It is common for the treated area(s) to feel bloated or swollen in the first few weeks after treatment.
- A temporary dullness in sensation could occur for several weeks.
- At some point in the first two weeks after a treatment session, you may experience deep itching, tingling, numbness or tenderness to the touch, pain in the treated area(s), strong cramping, diarrhea, muscle spasms, aching, and/or soreness. Please contact our office if such symptoms persist or worsen after two weeks.
- As the body breaks down and flushes the treated fat cells, a gradual reduction in the thickness of the fat layer in the treated area(s) will take place. You may start to see changes as early as three weeks after your last treatment session, with full results becoming apparent after one to four months. Your body will continue to process and flush out the dead fat cells for about four months after your last session.