

# Client Intake Form for Laser Lipo



**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: \_\_\_\_\_

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Bleeding Disorder       | <input type="checkbox"/> Hernias               | <input type="checkbox"/> Organ Failure                     |
| <input type="checkbox"/> Broken Bones            | <input type="checkbox"/> Hypertension          | <input type="checkbox"/> Pacemaker/Other Electronic Device |
| <input type="checkbox"/> Cancer/Tumor            | <input type="checkbox"/> Hives/Herpes/Shingles | <input type="checkbox"/> Pregnant/Nursing                  |
| <input type="checkbox"/> Cardiovascular Problems | <input type="checkbox"/> Infection             | <input type="checkbox"/> Skin Disease                      |
| <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Infectious Disease    | <input type="checkbox"/> Sunburn                           |
| <input type="checkbox"/> Dislocations            | <input type="checkbox"/> Insulin Monitor       | <input type="checkbox"/> Transdermal Drug Delivery System  |
| <input type="checkbox"/> Epilepsy                | <input type="checkbox"/> Kidney Disease        | <input type="checkbox"/> Transplant(s)                     |
| <input type="checkbox"/> Fever                   | <input type="checkbox"/> Liver Disease         | <input type="checkbox"/> Ulcerated Skin                    |
| <input type="checkbox"/> Heart Disease           | <input type="checkbox"/> Metal Implants        | <input type="checkbox"/> 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, but not limited to blood thinners)? Yes  No

If yes, please list:

Do you have any allergies? Yes  No

If yes, please explain:

Have you had any surgeries within 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, 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

Please check all that apply:  
How many ounces of water do you drink daily?

Yes  No

#### Treatment Area(s)

#### Measurements

(Select all that apply):

- Chin
- Arms
- Waist
- Abdomen
- Hips
- Buttocks
- Thighs
- Calves
- Lower Back
- Upper Back

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



# Laser Lipo Informed Consent Form



Laser Lipo is a noninvasive procedure meant to reduce cellulite, treat problem fat areas, and tighten and rejuvenate skin. As with any treatment, there are certain benefits and risks. Please read and initial each of the statements below:

\_\_\_\_\_ I certify I am over the age of 18.

\_\_\_\_\_ I understand that any medical or cosmetic procedure carries risk, complications, and varied results as to the effectiveness of a particular treatment.

\_\_\_\_\_ I have voluntarily elected to receive Laser Lipo after the nature and purpose of this treatment have been explained to me.

\_\_\_\_\_ I understand that it is recommended that I will need a minimum of 8 treatments for the Lipo-Light LED therapy to achieve its desired effect.

\_\_\_\_\_ I understand that results do vary and no guarantee is implied or suggested that desired results will be achieved.

\_\_\_\_\_ I understand that this treatment should be used in conjunction with a healthy diet and exercise.

\_\_\_\_\_ I understand that if I am not currently exercising I should consult a health care professional before beginning an exercise program to determine if my body is physically able.

\_\_\_\_\_ I understand that if I gain weight after the treatment course, the results may be reversed.

\_\_\_\_\_ I understand that during treatment there should be no discomfort, and I will feel the warmth of the light and the tightness of the bands holding the paddles.

\_\_\_\_\_ I understand that if for any reason during treatment, I feel discomfort due to the warmth of the paddles, I will tell my technician and the paddles will be removed immediately.

\_\_\_\_\_ I understand that the following conditions preclude me from having this treatment at this time and verify that

- Autoimmune Disease
- Heart Disease
- Cancer
- Pregnant
- Hepatitis C/D
- HIV/AIDS
- Pacemaker
- Thyroid Problems

\_\_\_\_\_ I understand and acknowledge that there are risks involved with the treatment I will be receiving including, but not limited to:

- Heat Sensitivity
- Pain
- Redness
- Swelling
- Increased Bowel Movements
- Increased Urination

\_\_\_\_\_ I understand that I should avoid caffeine, sugar, processed food and meats, and dairy after my appointment.

\_\_\_\_\_ I understand that it is important that I drink plenty of water after my appointment to help flush the toxins from my body.

\_\_\_\_\_ I understand that the payments for my service are non-refundable.

\_\_\_\_\_ 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.

By signing below, I certify that I have read and fully understand this agreement and all information detailed above. I understand the purpose of this procedure as well as the risks, complications, and alternative methods of treatment and accept the risks. I agree I will assume the risk and full responsibility for any and all injuries, losses, side effects, or damages that might occur to me while I am undergoing this procedure. I do not hold the practitioner 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. By signing the informed consent form I grant authority to Bee Luxe Med Spa to perform the described treatment.

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Laser Lipo Pre and Postcare Instructions



## **Pre-Care**

- Eat a low-calorie, low-carbohydrate, low-fat, and low-sugar diet 24-hours prior to your treatment.
- Avoid heavy meals, sugar, alcohol, and caffeine on the day of your treatment.
- Avoid drinking large amounts of water 2 hours before treatment.

## **Post-Care**

- Drink 1.5L of water after your treatment.
- Eat a low-calorie, low-carbohydrate, low-fat, and low-sugar diet 24-hours after your treatment.
- Within 2 hours of treatment, perform at least 20 minutes of cardiovascular exercise.
- Continue to do at least 20 minutes of cardiovascular exercise for the next three days.
- Drink plenty of water to assist in flushing the toxins from your body.
- Limit the consumption of sugar, alcohol, and caffeine for the best results.
- Avoid fasting and ensure you make healthy food choices by opting for whole foods and minimizing packaged and processed foods. Limit your intake of refined sugars and carbohydrates such as white bread, white pasta, cakes, etc., and focus on consuming fresh fruit and vegetables and whole grains such as brown rice, quinoa, and wholemeal bread.