# Client Intake Form for Body Cavitation

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
- ☐ Allergies to Zinc/Nickel
- ☐ Cancer/Tumor
- ☐ Communicable Disease
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Heart Disease
- ☐ Hemophilia
- ☐ High Cholesterol
- ☐ High/Low Blood Pressure
- ☐ High Triglycerides
- ☐ Infection
- ☐ Infectious Disease
- ☐ Internal Bleeding
- ☐ Keloids
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Melanoma
- ☐ Metal Implants
- ☐ Neurological Disorder
- ☐ Pacemaker/Other Electronic Device
- ☐ Pregnant/Nursing
- ☐ Thrombosis or Thrombophlebitis
- ☐ Transplant(s)
- ☐ Tuberculosis
- ☐ 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? Yes ☐ No ☐

If yes, please list:

Do you have any allergies? Yes ☐ No ☐

If yes, please explain:

Have you had any plastic surgery? 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 ☐

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

### Treatment Area(s)

(Select all that apply):

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

### Measurements

Weight _____

Height _____

Waist _____

Hip _____

Bust _____

Right Thigh _____

Left Thigh _____

Right Bicep _____

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 Body Cavitation

BEE LUXE
MED SPA

I, _____ give my consent for fat cavitation 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 cavitation after the nature and purpose of this treatment has been explained to me.
_____ I understand that body cavitation 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:

- Cardiac issues
- Cancer
- Infected, inflamed, or swollen skin
- Metallic implant (pacemaker)
- Pregnant/Lactating

_____ 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:

- Redness
- Headache
- Rash
- Bruising
- Irratitation
- Tenderness in Treatment Area

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

# Cavitation Pre and Postcare Instructions

BEE LUXE
MED SPA

**Pre-Care**

- Drink 2L of water throughout the 24-hours leading up to your treatment
- 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 eating 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.