

Client Intake Form for Wood Therapy



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"/> Acute Inflammation | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Neurological Disorder |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Pacemaker/Other Electronic Device |
| <input type="checkbox"/> Bells Palsy | <input type="checkbox"/> High Triglycerides | <input type="checkbox"/> Pregnant/Nursing |
| <input type="checkbox"/> Cancer/Tumor | <input type="checkbox"/> Infection | <input type="checkbox"/> Skin Disease |
| <input type="checkbox"/> Communicable Disease | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Thrombosis or Thrombophlebitis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Transplant(s) |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Melanoma | <input type="checkbox"/> Unhealed Wounds |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Metal Implants | <input type="checkbox"/> Varicose Veins |

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

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 Wood Therapy



Wood therapy body sculpting is a vigorous massage technique that utilizes wooden, handheld tools, such as rolling pins in order to increase lymphatic circulation and break down fatty deposits and cellulite. Wood therapy is a non-invasive treatment with no downtime, however, 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 have voluntarily elected to receive wood therapy body sculpting after the nature and purpose of this treatment have been explained to me.

_____ I understand that wood therapy body sculpting can be used to reduce fat deposits and cellulite but is not intended to be a weight loss solution.

_____ 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:

- Acute illness or contagious disease
- Bells Palsy
- Cardiac issues
- Cancer
- Fever
- Infected, inflamed, or swollen skin
- Lymphatic disorder
- Metallic implant (pacemaker)
- Pregnant/Lactating

_____ I recognize there are no guaranteed results.

_____ I understand that wooden tools will be used during this service. I understand that if I begin to feel uncomfortable, I will immediately inform my practitioner so that they may adjust accordingly.

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

- Bruising
- Irritation
- Mild discomfort
- Redness
- Skin reaction
- Swelling
- Increased heart rate

_____ 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.

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 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.

Name Printed

Signature

Date

Verified by: _____