Client intake form  CLIENT INFORMATION FORM AND CONSENT PRINT PLEASE DATE:\_\_\_\_\_\_\_

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OCCUPATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who may I thank for your referral? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Their contact #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.You will be given before and after care instructions please follow them.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ duly authorize & give permission to Tracilla Lorens a specially trained technician to perform sessions  using: cavitation, skin tightening, cold laser sculpting, Cool Freeze sculpting, vibration plate, Ionic & Infrared detox foot bath, sauna, Laser Hair Removal, micro-dermabrasion, facial peel, facials, all services  and consulting  for wellness.  I hereby undertake the responsibility of the treatment outcome by being proactive with information given at the time of my consultation. I hereby commit to inform Tracilla Lorens about any changes in my medical and health conditions.   I understand that at any time, I can call a halt to the session, if I am uncomfortable.  I will be financially responsible for the entire amount of the session.  I understand that by signing this form, I give my consent to receive the session discussed in this & all future sessions.  I understand that my appointments are scheduled just for me. I understand that a 24 hour cancellation is required. If I forget to cancel, I understand that I will be responsible for the full amount of that session or forfeit that session if I paid for a package.  Do you have any history of the following?  Please put Y for yes and N for no.  Epileptic, \_\_\_ malignancy, \_\_\_ open wounds, \_\_\_ heart disease, \_\_\_ kidney disease\_\_\_ gallstone disease, \_\_\_ or those with a body that can’t take inner heat or who have genetic hypersensitivity. \_\_\_ pregnant\_\_\_\_\_ seizures\_\_\_\_\_ pacemaker metal parts or implants\_\_\_\_\_ HIV\_\_\_\_\_ MS/immune system disorders\_\_\_\_\_ cancer \_\_\_\_\_ dehydration\_\_\_\_\_ or any medical condition I should know about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?  Please read and initial the following!  Session is not a substitute for medical examinations or diagnosis.   \_\_\_\_    It is recommended that I see a physician for any physical ailment that I may have.  \_\_\_   I understand that Tracilla Lorens does not diagnose illnesses, diseases or any other physical or mental disorder. \_\_\_    Sessions are not intended for diagnosis, treat or cure any disease. \_\_\_   Any nutritional suggestions are for my research and benefit, again not intended to diagnose, treat or cure any known diseases.\_\_\_    Consultation is for my information.\_\_\_  My questions regarding treatment sessions have been answered to my satisfaction. \_\_\_    I accept all risk of treatment and agree to provide aftercare as directed.  \_\_\_   I understand that treatment is not an exact science and the degree of improvement is a variable.  \_\_\_   I understand that occasionally there is no visible improvement and another treatment may be required.  \_\_\_   I do not have any condition which would cause me to not have the sessions.   \_\_\_    By my signature below, I acknowledge that I have read this “Informed Consent Form and understand it.”  I have been given the opportunity to ask questions and my questions have been answered to my satisfaction. I have been adequately informed of the risk and benefits of sessions and wish to proceed. I certify that I am a competent adult of at least 18 years of age. This informed consent is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, hairs, administrator’s successors and assigns.

Print name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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BEFORE TREATMENT:

Ensure there is at least an hour between your last meal and your abdomen treatment.

Drink about 1.5 liters of purified water before each treatment session.

Stay hydrated (drinking at least 1 liter of water daily) during your entire course of treatment.

If you exercise regularly, treatments should be performed before the physical activity.

AFTER TREATMENT:

If you have excessive heat sensation that causes a lot of discomfort, you can cool the area with chilled Aloe Vera Gel.  If you exercise regularly, treatments should be performed before the physical activity.

SETTING EXPECTATIONS:

Adherence to a healthy lifestyle (diet and exercise) is strongly recommended and may help to obtain better results.

Maintenance sessions may be required (one maintenance session every 3-6 months for Cavitation).

Response to treatments and number of treatments sessions required will vary among clients and will depend on the clinical and physiological condition at the start of the treatment regimen.

Weight gain or dramatic weight loss may have a negative effect on the results.

Looking forward to seeing you!  "Don't Let Age Defy You!

Tracilla

Natural beauty by Tracilla

404-771-2555