



New Client Intake Form

Name _____ Date _____

Email* _____ *Email will not be shared and will only be used for occasional office announcements and appointment reminders.

Address _____ City _____ State _____

Zip _____ Cell Phone _____ Home Phone _____

Work Phone _____ Sex M F Birth Date _____ Age _____

Single Married Widowed Separated Occupation _____

Employer _____ Spouse's Name _____ Spouse's _____

Emergency Contact _____

Phone _____ How did you hear about Us? _____

Name of person who referred you _____

Medical History

Have you been treated for any conditions in the last year? Yes No If yes, please describe _____

Date of last physical exam _____ Is there a chance that you are pregnant? Yes No What medications are you taking and for what conditions? Please list dosage and amounts _____

What Vitamins minerals or herbs do you currently take? Please list for what conditions, dosage and frequency _____

Are you allergic to any medication? _____

Habits

None Light Moderate Heavy

Alcohol Coffee Tobacco Drugs Exercise Sleep Appetite Soft Drinks Water Salty Foods Sugary Foods Artificial Sweetener

Women Only

Date of last period _____ Normal? Yes No Are you now or could you be pregnant? Yes No

Family History

Has anyone in your immediate family (mother, father, grandparents, brothers, sisters, children) had the following:

Conditions	Who	Conditions	Who
<input type="checkbox"/> Heart Disease		<input type="checkbox"/> Epilepsy	
<input type="checkbox"/> Hypertension		<input type="checkbox"/> Stroke	
<input type="checkbox"/> Bleeding Disorders		<input type="checkbox"/> Cancer	
<input type="checkbox"/> Kidney Disease		<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Thyroid Disease			

Client Signature _____

I understand and am informed that, as in the practice of Body Contouring and like all other health modalities, results are not guaranteed, and there are no promises. I further understand and am informed that, as in the practice of medicine, I do not expect Sculpture's Body Spa Staff to be able to anticipate and explain all risks and complications. and I wish to rely on Sculpture's Body Spa Staff to exercise judgment during the course of the treatment which they feel at the time, based upon the facts then known, is in my best interests. Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. OUR ONLY PRACTICE OBJECTIVE is to help Body Contouring Non-invasively.

I, _____ have read and fully understand the above statement.