Fine-Light

SOUTH BAY LIPO LIGHT FINE LIGHT INTAKE FORM

Your success is our #1 priority.

Help us to help you achieve that success by filling out this questionnaire as completely as possible.

Name**:**_____Date**:**_____

Address**:**_____

Home **#:**_____ Work **#:** _____ Cell **#:**_____

Email**:** _____

Height:_____ Weight: _____ Age:_____ Sex:____

Occupation:_____Marital Status:_____

Are you stressed? (Y/N) Cause of Stress: _____
Are you currently under the care of a physician? (Y/N)
List any current or previous medical conditions that might affect you having this treatment
_____

_____

Do you have any of the following? (any of the following would make you unsuitable):

____ Pregnant or Breastfeeding
____ Thyroid Problems
____ Light Sensitivity
____ Light Sensitivity
____ Taking Tetracycline

Do you smoke? (Y/N)
How many cups of Water do you drink per day? _____
How did you find us? _____
Who may we thank for the referral? _____

Is there anything relevant that you need to let us know? _____

_____

Circle the most important element in deciding to use our services (check one):

___ Effectiveness (your results)
___ Time (how fast you get results)
___ Service (how we respond to your needs)
___ Affordable (what we charge)

You should note that if the therapist is unable to explain to you the contra indications or is unsure of anything that may apply to a specific condition then they should not treat you without asking you to consult with your primary physician.

It is your responsibility and not that of PWLC staff to consult your primary physician if necessary.

I hereby indemnify the therapist against any adverse reaction sustained as a result of the treatment and confirm that all the information I have given is correct. *By signing this, you also acknowledge there is a strict 24 hour cancellation policy.*

Signed..... Date...../...../.....

LIPO LIGHT SOUTH BAY OFFICE ONLY Initial Consult Date: _____

Last Name _____ First Name _____ F M

Sessions Purchased _____

Adequate Water Intake (Y/N)
Concerns _____

_____