New Client History

Name:_____ Date:_____

Address:_____

Sex: F M _____

Birth Date:_____

City:_____

State:_____

Zip Code:_____

Cell Phone:_____Email:_____Occupation: _____

How did you hear about us: (If someone referred you here, please name them so that we may thank that person)?
Friend Referral:_____

Social Media (Please indicate which version you used to find out about our services)
____Facebook __Instagram _Website_____Other (please specify below)

What are your main area(s) of focus/your problem area(s)_____

PLEASE NOTE - Who CAN NOT have Ultrasound and RF treatments;
People with cardiac and vascular diseases, diabetes, acute illness, comprised liver function, severe bleeding tendencies, pacemaker carriers and women who are pregnant or breastfeeding should avoid undergoing these procedures

Medical History

Do you have any chronic medical conditions which we should know about? Yes No

If so, please list:

Do you have a pacemaker or metal plates? Yes No

Explain:
Do you have Hearing aids, Pacemaker or Hormone Pellets (where) or metal/medical devices implanted?

Yes ( ) No ( ) Explain:_____

- Do you have type 1 or 2 Diabetes? Yes No
- Do you have or have you had Cancer in the last 12 months? Yes No If yes, are you currently on chemotherapy? Yes No

- Do you have a Thyroid Problem? Yes No
- Do you have High Blood Pressure or cardiovascular conditions? Yes No
- Women Only, are you currently pregnant or nursing? Yes No

Circle which applies to you: Epilepsy Infections Tumors Skin Diseases

Loss of Normal Skin Sensation Thrombosis/Phlebitis Autoimmune Disease

Explain:_____

History of Gallstones Y N

History of Liver Problems Y N

History of Colon problems including protruding/distended belly? Y N

Explain:_____

Have you had any recent surgeries?_____

I, (print name)_____,
consent to allow the Glitter Bodies staff members to consult with & evaluate me in order to determine if I am a good candidate for the Non-surgical Body Contouring Program. I understand that photographs and measurements will be taken and kept in my file.

I agree that these forms have been completed truthfully and to the best of my knowledge/abilities.

_____ _____

Client Signature Date

Consent Form

Body sculpting increases flow of both the lymphatic and circulatory systems, and it also helps with cleaning of the tissues. The main use of body sculpting treatment is inch loss, diminishing of cellulite, and tightening of the skin.

Benefits: Lose 1-3 inches per treatment with state-of-the-art equipment. Benefits are often immediate but may be delayed in some people.

For Best Results: A series of 9-12 body sculpting treatments are recommended per each area, but some individuals may require more treatments to achieve maximum results. There should be at least 3 days between each treatment. This is not a weight loss treatment, but an inch loss. The inches will only return if the client goes back to their old habits. Eating the right types of food, proper exercise, and drinking 8 glasses of water per day are always recommended. For best results, it is recommended that you exercise within 4-6 hours of treatment and avoid sugar and alcohol for 48 - 72 hours after each treatment.

Precautions: Body sculpting treatments are not recommended if you are pregnant, breast feeding, have a lymphatic disorder, acute illness, metal implants, pacemakers, or are currently being treated for active cancer.

Waiver: I understand that I am using the s shape machine, Vacuum Cupping Machine and Laser Lipo Machine provided by Glitter Bodies at my own risk. Should I sustain an injury while using the equipment, I agree to not hold Glitter Bodies responsible.

Acknowledgement: I understand and acknowledge that payments for the above services are **non-refundable**. By my signature below, I certify that I have read and understand the contents of this Consent Form for Glitter Bodies I further agree to provide Glitter Bodies 24- hour notice of a cancellation or change in appointment time, or I will forfeit a treatment off my package since treatments are by appointment only. There are no refunds if I am responding to treatment and decide to stop treatments. Should I decide to add a treatment, that treatment will be considered an additional and separate treatment.

Mobile Fee: I understand that there is a $25 mobile fee for each visit for all mobile sessions. This fee may be collected prior to or at time of appointment. Travel services are not guaranteed and are at the discretion of the body sculpting specialist.

_____ _____

Client Signature Date

Photo Release Form

I consent and authorize Glitter Bodies, or any entity authorized by to copyright, use and publish any of the images in any format taken of me. I understand these images may be used for a variety of purposes and may appear on the website, promotional materials or any other media now known or to be invented. I also understand that for Glitter Bodies or any entity authorized by for Glitter Bodies will use the images exclusively for Glitter Bodies related purposes and not for any commercial gain.

Since anyone can download an image from the Internet or make copies from printed materials, I agree that for Glitter Bodies is not responsible for unauthorized use of the images. I am aware that I am not entitled to any compensation and that the images may appear without my name.

By signing below, I acknowledge I have read and understand this release,

_____ _____

Client Signature Date

Cancellation Policy

If there is a need to cancel for any reason, we ask for a 24-hour notice. Please understand that when you do not cancel or show up for an appointment, it is a cost to us. If you cannot provide us with a 24-hour notice, we will impose the following fees:

"No Show" for session:

*Loss of that session in your treatment package and a $25.00 fee will be imposed.

Same day cancellation:

*$25.00 charge before your next scheduled appointment

I,_____, have read and understand the cancellation policy of Glitter Bodies and agree to abide by the above conditions.

_____ _____

Client Signature Date

Terms of Acceptance/Informed Consent

Please read carefully and understand the contents of this form. Ask us if you not understand.

When a client seeks Body Contouring services and when Glitter Bodies accepts a client, it is essential that both are seeking and working for the same goals. At Glitter Bodies, we expect our clients to take full responsibility for their decisions to participate in any of the services/programs offered by this office. At Glitter Bodies, we do not identify, diagnose, or treat ANY condition or disease. We have only one goal: **TO OPTIMIZE YOUR BODY'S ABILITY TO FUNCTION NORMALLY AND OPTIMIZE YOUR FATBURNING POTENTIAL.** By reducing bio-stress levels, we allow the body's inborn self-correcting mechanism to work at maximum efficiency to restore, maintain and promote wellness.

We do not identify or diagnose any condition(s) or disease(s). We offer no treatment for any condition(s) or disease(s). We promise no cure from any disease(s) or condition(s). Instead, we facilitate your body's own self-correcting mechanism.

It is essential that you speak to your doctor prior to making any decisions about altering any medical regimen you are currently following, changing your diet, taking supplements, or going on an exercise and/ or weight loss program. Getting your doctor's approval prior to starting any service/program at our office is critical and solely your responsibility. Should any health condition arise while you are a client at Glitter Bodies**, we recommend that you immediately see the appropriate health care provider.**

At Glitter Bodies any options that are rendered by the staff and/or head personnel should **NEVER** be construed as medical advice but merely as opinions. If you like medical advice, please see one of our medical doctors. **We will not deal with any medical condition at** Glitter Bodies.

With your signature below, you understand and voluntarily accept these risks and agree that neither Glitter Bodies, its staff, or any of its partners will be liable for any injury to you, including, but not limited to, personal bodily injury, death, mental injury, economic loss or any damage to you, your spouse, or relatives resulting from any act of Glitter Bodies and its staff or anyone else using the facilities and that you acknowledge the inherent risks of the positions, movement, dietary/nutritional programs offered to and done to you at Glitter Bodies, with respect to your current or past condition(s). If there is any dispute between you and Glitter Bodies, and/or any of its staff, both parties agree to submit it to binding arbitration. We both agree to have a neutral arbitrator preside over any such dispute, not a judge or jury.

I, the undersigned, understand and accept the conditions as laid out in the "Terms of Acceptance" above.

_____ _____

Client Signature Date

_____

Office Acceptance by:

Service Agreement

The following provisions apply to the services to be performed for_____.
(Client Name)

(1) SERVICES TO BE PROVIDED

We provide wood therapy, ultrasound cavitation, laser lipo, vacuum contouring and radio frequency treatments.

_____(Initials)

(2) PAYMENT

Payment in full is to be made prior to the start of any service. (Initials)

(3) CLIENT COOPERATION

This Agreement contemplates full Client cooperation in the course of services agreed upon. The Client recognizes that compliance with recommended services and service schedule is important and the Client agrees to follow the service plan and the course of treatment agreed upon. The Client understands that lack of cooperation, failure to keep appointments and engaging activities identified by the office as potentially counterproductive to the body may necessitate additional treatments to those otherwise provided for this Agreement. **Our policy requires 24-hour advance notice for appointment cancellation. Failure to do so may result in deduction of pre-paid visits.**

_____(Initials)

(4) TERMINATION

Subject to the provisions of paragraphs 5 and 6 of this Agreement, the Client may discontinue care and terminate this Agreement at any time by written notice to that effect delivered in person, or by mail, to the office. Such "notice of termination" shall discharge the Glitter Bodies from all further obligations and/or duty to render care to the client. The office reserves the right to terminate this Agreement in its sole discretion notwithstanding any other terms or provisions of this Agreement.

_____(Initials)

(5) NO REFUNDS IN THE EVENT CLIENT TERMINATES AGREEMENT

To encourage commitment and follow-through, Glitter Bodies offers **no refunds**. No refunds will be made on body contouring treatments. There will be **no exceptions**. The prepaid program cannot be altered, shared or transferred, nor can it be combined with any other program.

_____(Initials)

(6) NO GUARANTEE OF RESULTS

Client recognizes that neither Office personnel nor this Agreement provides a guarantee of results. Glitter Bodies makes **no guarantee** of the extent or longevity of improvement to be expected. This Agreement deals solely with the services to be rendered and the fees to be paid for the care as provided. The Client's payment obligation is not contingent upon the outcome of services. Client's results can be hindered and/or suppressed by the consumption of the following, but are not limited to, alcohol, processed foods including, but not limited to, sugar-based foods and drinks, etc. It is recommended to consult your physician for dietary modification, clearance if you have any questions or concerns.

_____(Initials)

(7) TIME LIMITATION FOR SERVICES

Client understands that unused visits will expire if not used within 120 days from the date Client starts the treatment unless Glitter Bodies has been provided with advance notice in writing of leave of absence or other cause of delay. After 24 weeks, all outstanding services/visits will be void.

_____(Initials)

(8) RELEASE OF LIABILITY

Client agrees to indemnify, hold harmless and release Glitter Bodies, its agents, employees, officers, directors, representatives, assigns, members, affiliated organizations, and insurers, and others acting on the Company's behalf, of all claims, demands, causes of action, and legal liability, whether the same be known or unknown, anticipated or unanticipated, and further agrees that except in the events of the Company's gross negligence or willful and wanton misconduct, no claims, demands, legal actions and causes of action, shall be made against the Company for any economic and non-economic losses of any kind.

_____ (Initials)

(9) YOUR RESPONSIBILITIES

1. Keep your appointments. We require 24-hour advance notice to reschedule/cancel an appointment.
2. Follow your program as closely as possible. Report any deviations Glitter Bodies so that we can help you get back on track.
3. If you have any challenges whatsoever, please share them with us immediately. Remember, it is in both our interests for you to succeed in achieving your goals.
4. If you have any medical conditions, please share this program with your physician immediately. Glitter Bodies is not a medical facility and does not make medical decisions.

_____ (Initials)

(10) COMPLETE AGREEMENT

This Agreement constitutes the complete agreement and understanding between Client and Glitter Bodies and will not be changed or modified in any way unless agreed to by both parties in writing.

_____(Initials)

THE CLIENT HAS FULLY READ THIS AGREEMENT AND ANY SUPPLEMENT HERETO AND UNDERSTANDS AND AGREES TO ABIDE BY ALL OF THE TERMS HEREOF.

_____ _____

Client Signature Date

_____

Office Acceptance by: