

BODY WRAPS INTAKE & CONSENT FORM

CLIENT INTAKE FORM:

Name: _____ Date: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ DOB: _____

E-mail address _____

How did you hear about me? Internet Advertizing Referral Other

Do you have: Y or N

An infectious disease?
Heart /Circulation issues?
Cancer?
High blood pressure?
Varicose veins?
Epilepsy?
Diabetes?
Skin problems?
Arthritis/Tendonitis?
Allergic or sensitivity to iodine or shellfish _____
Numbness _____
Osteoporosis? _____
Sprains/Strains?
Fibromyalgia?
Edema? _____
TMJ? _____ Anything
Else _____
Any other allergies?

Are You: Y or N

Allergic to lotions or oils?
Allergic to nuts?
Pregnant?

Sensitive to Heat?

Have you had: Y or N

Recent surgery or major
accident?
Neck/Back/Spinal injuries?
Surgery? _____

Please use this space below to provide additional information concerning any items checked above or

any other health-related conditions you currently have or have experienced in the past which would impact your service today or if there is anything you want us to know before we begin:

What are the personal goals you are trying to achieve through the Body Wrap Session?

Please Initial Each Item Below Indicating Your Understanding of the Following:

_____ I understand that my body wrap treatment is for relaxation and to assist with the release and elimination of toxins from the body. I understand the anticipated inch loss results varies with individuals as well as from session to session.

_____ I have read and understand the FAQ section regarding the Body Wrap process. I am aware of the contraindications that prevent participation in receiving a Body Wrap session and none apply to me.

_____ I have read and understand the Body Wrap Process information, and have prepared for the session as indicated. I understand the Body Wrap session requires me to be draped in warm wraps, which are placed over cotton undergarments I am wearing for this treatment.

_____ I understand you do not diagnose conditions or illnesses nor prescribe medical or pharmaceutical treatment. It has been made clear to me that this body wrap treatment is not a substitute for a medical examination and it is recommended that I contact a licensed health care provider for any medical or health condition. I also understand that as a result of this service some detoxing symptoms may occur.

_____ It is my choice to receive this Body Wrap session and I have provided accurate information concerning all past and current health conditions. I have read the intake form above and have answered truthfully to the best of my knowledge. I agree to report any changes in my health as they arise.

INFORMED CONSENT:

CLIENT SIGNATURE:

DATE _____

PARENT/GUARDIAN SIGNATURE IF UNDER 18YRS OLD:

DATE _____

PRACTITIONER SIGNATURE:

DATE _____