Pinellas Laser Lipo

BODY SLIMMING & ANTI-AGING

Your Name: _____ Date of birth: _____ How did you hear about us? _____

Address: _____ ___ City: _____State: _____ Zip: _____

Cell#: _____ Email Address: _____

Are you pregnant? ❑ No ❑ Yes Have you had cancer in the last year? ❑ No ❑ Yes Sensitive to light? ❑ No ❑ Yes

Are you currently under the care of a physician? ❑ No ❑ Yes, for what reason(s):

_____

Are you on medication(s)? ❑ No ❑ Yes Please list:

_____

Heart condition (Pacemaker) ❑ No ❑ Yes How much weight are you wanting to lose? _____Lbs.

How much stress do you have in your life? (On a scale of 1 to 10, where 10 is the worst): _____

Do you have any pain? ❑ No ❑ Yes (On a scale of 1 to 10; 10 is the worst) Location of pain? _____

Do you have any liver, kidney or, thyroid condition? ❑ No ❑ Yes Explain _____

Have you ever had cancer? ❑ No ❑ Yes Explain: _____ If so, did you receive chemotherapy treatment ❑ No ❑ Yes

How much water do you consume per day? _____Do you know your BMI %? _____

Do you exercise? ❑ No ❑ Yes how often? _____ Type of exercise? _____

** What are your weight loss goals? _____

How long have you had the problem areas or have been overweight? _____

Are you aware that being overweight may greatly increase the risk for major illnesses such as: Diabetes (type2), high blood pressure, heart disease, stroke, depression, digestive problems, shorter life expectancy? ❑ No ❑ Yes

Are you embarrassed about your weight/appearance? ❑ No ❑ Yes Explain: _____

Do you feel tired, run down, or out of energy? ❑ No ❑ Yes Explain: _____

Do you smoke? ❑ No ❑ Yes If yes how much? Consume alcohol? ❑ No ❑ Yes How many drinks per week? _____

How important is health, weight and/or size reduction to you? (On a scale of 1 to 10, 10 is most important) _____

The statements above are true to the best of my knowledge. If I have omitted to disclose any important information or health conditions: I release, forever discharge and hold Pinellas Laser Lipo and their successors harmless from any and all liabilities. I have completed and signed this form on my own free will.

Your Name (print): _____Signature: _____Date: _____