



Body Contouring (Cupping)

Help us achieve success by filling out this questionnaire as completely as possible.

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Birthday: _____

What body areas would you like to focus on? _____

What treatments would you like to know more about? _____

How did you hear about us? _____

Medical History:

Please check all that apply.

- Pregnancy or nursing (current only)
- Heavy periods/bleeding
- Dental implants, caps, metal fillings (circle all that apply)
- Botox or filler in treatment area
- Pacemaker or internal defibrillator, implanted neuro stimulators or any other
- Metal implants or other implants in treatment area (i.e. IUD, screws, plates, etc)
- Current or history of cancer - especially skin cancer or pre-malignant moles in treatment areas
- Impaired immune system due to immunosuppressive diseases such AIDS & HIV or use immunosuppressive medications
- Chemical sensitivities such as reactions to cosmetic products or perfumes. If known, please list offending ingredients: _____.
- Varicose veins in the treatment area
- History of skin disorders such as keloid scarring, abnormal wound healing, as well as very dry and fragile skin
- Any surgical, invasive, ablative procedure in the treatment area before complete healing
- Skin blotches or rosacea
- Severe concurrent conditions such as cardiac disorders or epilepsy
- Condition which could be adversely affected by Heat.
- A history of diseases stimulated by heat, such as recurrent Herpes Simplex in the treatment area or active Herpes
- Areas of sensory impairment such as in cases of nerve lesions and neuropathies
- Any active condition in the treatment area, such as sores, psoriasis, dermatitis, eczema and rash as well as excessively /freshly tanned skin
- Acute hernia, discopathy, or spondylolysis
- Severe diabetes
- Herniated spinal disc
- Recent infection: (please explain) _____

- Continuous use of Retin A, retinol
- Medications such as blood thinners
- Any medical condition that might impair skin healing
- Active weeping acne
- Hip, knee, or shoulder implants

- No Health Issues Listed Above

