

CLIENT AGREEMENT



Please relax, smile & complete all questions. We're happy you're here.

Date: _____ Social Security No: _____
Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Business Phone: _____
Cell Phone: _____ Email: _____
Birthdate: _____ Age: _____ Sex: **M** / **F**
Employer: _____
Address: _____
City: _____
Circle One: Married Single Divorced Widowed Separated No. of Children: _____
Name of Emergency Contact: _____ Phone No.: _____
Spouse's Name: _____
Whom may we thank for referring you? _____
How did you hear about *Beautiful Image Facial & Body Sculpting*TM? _____

Please describe your skin care program (**be specific with products & frequency of use*):

Have you ever had a professional facial? **No** / **Yes** If Yes, How Often? _____
Do you have sensitive skin? **No** / **Yes** If Yes, Please Describe: _____

Have you had any of the following procedures, & if so, when?

Y / N Chemical Peel _____	Y / N Microdermabrasion _____
Y / N Skin Resurfacing _____	Y / N Botox / Injectable Filler _____
Y / N IPL _____	Y / N Surgery _____

Lifestyle choices can significantly improve or slow the results of this procedure. The following information will enable us to best customize a sculpting program for you. Please answer as honestly as possible.

YES NO (**Age 5 to Present*)

____ Did / Do you use Tobacco (**Type & Amt.*) Patient's Comments, if Yes: _____

____ Did / Do you intake Alcohol (**Type & Amt. / Wk.*) Patient's Comments, if Yes: _____

____ Refined Salt? (**Add to food? Seldom / Frequently*) Patient's Comments, if Yes: _____

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____ Caffeine Intake? (**Type & Amt. / Day*) Client's Comments, if Yes:

____ Have you lost or gained any significant weight in the last 12 months? If so, how much?

____ Are you on a Carb Restricting Diet? If so, for how long?

____ Do you regularly exercise, & if so, do you use weights, do cardio or both?

How many hours of sleep do you get per night?

How many 8 oz. glasses of water do you drink per day?

What does your diet consist of? (**Do you eat healthy foods?*)

Certain conditions may restrict or preclude this treatment. Please indicate if you have had any of the following and if so, how long ago or what date was it treated?

YES	NO	Medical Condition - Pls List Type	Client's Comments, if Yes
____	____	Epilepsy?	_____
____	____	Pacemaker / Pacemaker Leads?	_____
____	____	Multiple Sclerosis?	_____
____	____	Heart Condition?	_____
____	____	Muscular Condition?	_____
____	____	Pregnant? (<i>*Due Date?</i>)	_____
____	____	Metal IUD?	_____
____	____	Collagen Injections?	_____
____	____	Botox Injections?	_____
____	____	Cancer? (<i>*Type & How Long?</i>)	_____
____	____	Skin Disorders or Skin Allergies?	_____
____	____	Skin Inflammation, infection, disease?	_____
____	____	Recent Scar Tissue?	_____
____	____	Facial Metal Implants?	_____
____	____	Lack of Normal Skin Sensation?	_____
____	____	Any Circulatory Problems?	_____
____	____	Cosmetic Surgery or Procedures?	_____
____	____	Do You Wear Contacts?	_____

If you checked yes to any of the conditions listed above, please describe in detail: _____

Please list any prescription medications or nutritional supplements that you are currently taking:

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What do you want to accomplish with *Beautiful Image Facial & Body Sculpting™*? _____

Client's Signature: _____ **Date:** _____

Client Consent & Authorization

INFORMED CONSENT: I hereby authorize the administration of a skin rejuvenation procedure using the non-surgical *Beautiful Image Facial & Body Sculpting™* Machine. I understand Facial & Body Sculpting involves the use of microcurrents through the skin.

The nature & purpose of the treatment has been explained to me & any questions I have regarding the treatment have been explained to my satisfaction.

PHOTOGRAPHS: I give permission for my photographs to be used to help document my treatment course.

_____ By initialing here, I authorize the use of my before & after photos for marketing & understand I will receive a free gift if they are used.

No guarantee, warranty or assurance has been made to me as to the results that may be obtained. I am aware that multiple treatments are necessary for the desired results. Most patients require a number of treatments over several months with gradual results occurring over this time. No refunds will be given for treatments received. I understand & agree that all services rendered to me are charged directly to me & I am personally responsible for payment.

I release Beautiful Image / Beautiful Image Co., all technicians & office staff & technicians from liability associated with this procedure. I certify that I am a competent adult of at least 18 years of age. This consent form is freely & voluntarily executed & shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, & successors.

My signature below acknowledges that I have had an opportunity to view - & / or - receive a copy of the Provider's Notice of Privacy Practice.

Client's Signature: _____ **Date:** _____

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Microcurrent Cancellation Policy

Our *Beautiful Image Facial & Body Sculpting*[™] Therapy is an intensive, time involved procedure which requires great care and time by our therapists on your behalf. In order to make our healing, relaxing *Beautiful Image Facial & Body Sculpting*[™] appointments available to all our patients, we ask that you abide by these cancellation policies.

We have a limited number of *Beautiful Image Facial & Body Sculpting*[™] appointments available, with a very high demand and need for these services. We request that you make a cancellation 24 hours in advance so we may schedule another client in your vacated appointment spot. On your appointment day, if you cancel or miss your *Beautiful Image Facial & Body Sculpting*[™] appointment, you will be charged the full office fee for the service. This charge will be your responsibility and cannot be billed or charged to an insurance company.

Out of respect for all of our clients' busy lives, we take pride in maintaining our appointments according to their scheduled times. In circumstances where you arrive late, your *Beautiful Image Facial & Body Sculpting*[™] services will be provided during your remaining appointment time.

We thank you for your cooperation in helping us to serve all our clients with the highest integrity possible.

Client Name

Date

Client Signature