



NEW CLIENT HISTORY FORM

Unveil Platinum Body

12262 Queenston Blvd, Ste D
Houston, TX 77095

Read Carefully-Consent to Treatment

Personal Information:

Full Name: _____ Date: _____ DOB: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Mobile Phone: _____ Email: _____

Occupation: _____

Emergency Contact: _____

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 office)

- Facebook
- Instagram
- Website
- Other

Ultrasound Cavitation / Radiofrequency / Vacuum RF Suction / RF Facial (check all that apply)

Face and/or Neck Arms Upper Back Lower Back Waist
 Abdomen Hips Buttocks Front of Thighs
 Back of Thighs Inner Thighs

What is your main problem area(s): _____

Are you currently under medical supervision? Yes No

If so, please explain: _____

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*Do you drink alcohol? Yes No If so, When was your last intake? _____

*List all current Medications including Vitamins (Ex: Retin A, Accutane, St. John's Wart):

* Have you had any surgical procedures on the treatment area within the last 3 months or before complete healing? Yes No

If so, please indicate on which area and when: _____

THE FOLLOWING INFORMATION WILL BE USED TO HELP PLAN A SAFE AND EFFECTIVE SESSION. PLEASE ANSWER THE QUESTIONS TO THE BEST OF YOUR KNOWLEDGE.

1. Have you ever had this treatment before? Yes No

If yes, how often? _____

*2. Do you have any allergies to oils, latex, medication, herbal or flower (ex. coconut, apples, roses)? Yes No

If yes, please explain: _____

3. Do you have sensitive skin? Yes No

Are you currently dieting? Yes No

Typical daily food and drink intake:

Water: How many glasses a day _____ Coffee: _____ Alcohol: How much _____

Do you have any particular goals in mind for this session? Yes No

If so, please explain? _____

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Medical background Check if your answer is yes to any of these questions:

- Are you pregnant or nursing?
- Are you epileptic?
- Do you have any kind of tumor or cancer?
- Do you have any cardiac or vascular disease or conditions?
- Do you have a wound that has not healed?
- Do you have a pacemaker or other electronic device?
- Do you have any plastic or bone cement or any large metal implants?
- Have you had any abdomen operations?
- Do you have any normally high or low blood pressure?
- Do you have high levels of triglyceride?
- Skin disease or disorder?
- Do you have hemophilia?
- Do you have skin cancer?
- Do you have thrombosis and/or thrombophlebitis?
- Are you being treated with anticoagulants?
- Do you have any infectious disease or tuberculosis?
- Do you have advanced untreated diabetes?
- Do you have any type of heart, kidney, liver disease?
- Have you had Botox in less than three months?
- Have you had any silicone injection or implants?
- Have you had chemo treatment in the last 12 months?
- Do you have thyroid problems?
- Do you have endocrine disorder?
- Do you bruise easily?
- Any other medical conditions not listed?

If you answered “Yes” to any of the previous questions, you may not be eligible for treatment.

Please explain “Yes” answers here: _____

Is there anything else about your health history that you think would be useful for your technician to know to plan a safe and effective session for you?

* I attest that I AM NOT PREGNANT. Please initial here _____

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FINANCIAL POLICY:

Thank you for selecting Unveil Platinum Body for your Body Contouring needs. We are honored to be of service to you. A credit card will be required for all scheduled appointments and a non-refundable deposit of \$50 will be required for appointment. Which will be deducted from your services.

FEES:

All costs are payable in-full prior to initial treatment and are nonrefundable. Package price is payable in full at first package visit prior to treatment. All sales are final unless a medical condition arises.

PAYMENT:

Please be advised that payment for all services are due at the time services are rendered. We require full payment for the visit prior to being seen by the cavitation specialist. We accept credit, debit, cash and electronic payment through Zelle, Apple pay and Venmo. All forms of payment are immediately run through an electronic processing system and immediately deposited into the electronic transfer system.

_____ (Initial) I understand that there are no refunds to service performed or on any product used

_____ (Initial) I understand the financial policy

CANCELLATION POLICY:

If there is a need to cancel for any reason, we ask for 24 hour notice. Please understand that when you do not cancel or show up for an appointment, it is a cost to us. You will never be charged for a cancellation if it is made more than 24 hours in advance of your scheduled appointment time.

If you cannot provide us with a 24 hour notice, we may impose the following fees:

_____ (Initial) "No-Show" Will cause you to lose your deposit. If you reschedule your appointment you must pay in full for the next session during booking.

_____ (Initial) If "NO-Show" again after paying in full you will forfeit 50% of the advance payment.

_____ (Initial) IF YOU CANCEL YOUR APPOINTMENT IN LESS THAN 24 HOUR NOTICE, YOU WILL BE CHARGED \$50.

LATE POLICY:

_____ (Initial) If you notify us, by phone or text and arrive within 15 minutes of your scheduled appointment time your appointment time will be held for you.

_____ (Initial) If you arrive late without notification your technician will assume you are not coming and Unveil Platinum Body may charge you for a "NO SHOW" fee. If you show up more than 15 minutes late and we can still do your session, your session will be deducted however many minutes you're late.

I have read and understand the financial, cancellation and late policy of Unveil Platinum Body and agree to abide by the above conditions.

(Signature:) _____

If you have any questions about this cancellation policy, you should discuss this before the start of your session.

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I, _____ (print name) I attest that I am 18 years or older. I understand that the services I receive are provided for the basic purpose of Body Contouring and that individual results may vary. I also understand that photographs and measurements will be taken and kept in my file. If I experience any pain or discomfort during this session, I will immediately inform the technician. I further understand that Body Contouring should not be construed as a mental or physical ailments that I may have. I understand that this session is not a treatment for obesity nor is it a weight loss procedure. Rather it is a method for reshaping and toning the body. I understand that the technicians are not qualified to diagnose, prescribe, or treat physical or mental illness, and nothing said in the course of this session should be construed as such. Body Contouring should not be performed under certain medical conditions. I understand that any procedure involves risk. Risks may include redness, swelling, irritation, skin reaction. I have been honest and forthright about my medical history, and I am healthy to use the device. I am not pregnant, nor have any metal implants in place (including pacemaker), nor any other disease or condition that may be negatively impacted by the body contouring device. I affirm that I have stated all my non-medical conditions and answered all questions honestly. I agreed to keep the technician updated as to any changes in my medical profile and understand that there shall be no liability on the part of the technician or Unveil Platinum Body should I fail to do so. I agree to hold harmless of Unveil Platinum Body or any of its employees and representatives.

- Body contouring should not be used on those with cardiac issues.
- Body contouring should not be applied when kidney disease or failure is a condition.
- Body contouring should not be applied over inflamed, infected, or swollen areas of the skin.
- Body contouring should not be applied over or near cancerous areas.
- Body contouring should be discussed with your physician and cleared if any contraindication arises.
- Body contouring should not be applied if pregnant and/or breast-feeding.
- Body contouring will not be applied if synthetic fillers (Ex: Silicone) are in any of the areas being treated.
- Body contouring should not be applied if endocrine disorders such as the diabetes is a condition.

Tell us if your digestive process is affected in anyway during a session. (Ex: constipation/diarrhea)

Acknowledgment: I understand each person has a different response to the body contouring treatment. The risk, benefits, and possible results have been explained to me. I have been provided the opportunity to ask questions and receive a satisfactory response. I voluntarily provide my consent to partake in the body contouring treatment. Should any pain or discomfort occur I will immediately notify staff. I will not hold Unveil Platinum Body liable for any irritation or effects of any thermal heat applied.

Client Signature _____ Date: _____

Technician Signature _____ Date: _____

After care instructions will be given to you after your session. Following these instructions will play a vital role in achieving maximum results. Not following them will delay your progress.

_____ (Initial) I understand after care instructions must be followed strictly, whether given in written or oral. Failure to follow after care instructions may compromise the final result of the treatment.