

Name _____ Cell phone _____ Text yes no

DOB _____ Email _____

Address _____ Occupation _____

Emergency Contact _____ Relationship _____ Phone _____

How did you hear about us? Website Google Yelp! Drive-By Ad Referred by _____

Medical Information

Are you taking any medications? yes no

If yes, what for: _____

Are you pregnant or breastfeeding? yes no

Do you currently have existing cancer? yes no

Do you have any malignant tumors? yes no

Do you have a pacemaker or device? yes no

Do you have cardiovascular disease? yes no

Do you have heart disease? yes no

Do you have acute or chronic liver disease? yes no

Do you have acute or chronic kidney disease? yes no

Do you have any joint replacements? yes no

Do you have a metal device implant or IUD? yes no

Do you have any cochlear implants? yes no

Do you have uncontrolled blood pressure? yes no

Do you have diabetes? yes no

Have you had any organ transplants? yes no

Have you had a stroke/TIA within 12 mos? yes no

Have you had major surgery within last 3 mos? yes no

Have you had any head trauma within 3 mos? yes no

Have you had internal bleeding within 3 mos? yes no

**If any of the above have been answered as "yes", we require a physician note of approval before performing cavitation/radio frequency.*

Any additional information we should be aware of?

Technical Information

Do you have any body piercings? yes no

List any allergies or sensitivities _____

List any areas we should avoid _____

What body area(s) did you come in for today?

1. _____

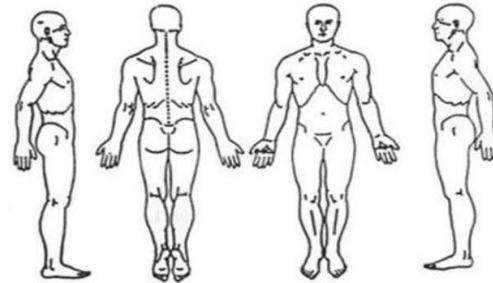
2. _____

What other areas are of concern to you?

3. _____

4. _____

Please mark areas of concern:



Technician Notes

Please initial

____ I understand that cavitation, radio frequency, vacuum therapy, and bio-microcurrent provided by Krave Body Contouring is not intended for weight loss but to shape the body. I further understand that the technician at Krave is not a physician, doctor, or nurse and that the technician does not diagnose illness and is not a substitute for medical treatment.

____ I understand that by signing this form, I release Krave Body Contouring and all Krave technicians from any claim, liability or arbitration.

____ I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and I will be liable for full payment of the scheduled appointment, I further understand that I will no longer be welcomed at Krave for any future visits.

____ I understand that 4 bottles of water per day for 3 days are necessary after treatment to flush fat from my system.

____ I understand that for the best results, a low fat diet, exercise, and limited caffeine & alcoholic intake are required during and after treatment.

____ I understand that the best results of cavitation and radio frequency are with 6-12 visits per area and ongoing treatment is recommended.

____ I understand that results of cavitation, radio frequency, vacuum therapy and bio-microcurrent differ from person to person and are not guaranteed.

Client Signature **X** _____ Date _____