

CAVI-LIPO INTAKE FORM



PERSONAL INFORMATION

Full Name :

Date of birth : ____ / ____ / ____ Gender : Male Female

Address : _____

Phone Number : _____ E-Mail : _____

Occupation : _____ :

Have you had this or similar treatments? : yes no

If yes, please explain : _____

Do any of the following conditions apply to you? (Circle all that apply)

- | | | | |
|--------------------|----------------------|---------------|-------------------------|
| Pregnancy | Fertility treatments | Breastfeeding | Screws, staples, etc. |
| Pacemaker | Metal implants | Heart disease | Liver or kidney disease |
| Circulation issues | Skin problems | Cancer | Under the age of 18 |
| Anti-coagulants | Defibrillator | Diabetes | Neck or back pain |

HEALING SPACE WELLNESS CANCELLATION POLICY

I understand that 48 hours are required to cancel or change a Cavi-Lipo appointment without forfeiting the session fee. Unfortunately voice messages left on answering machines cannot be depended upon, therefore to cancel or change an appointment, please texting (978) 790-3656 or emailing thehealingspace@gmail.com or speaking personally to Denise Parker is required to adequately cancel or reschedule without being charged. Please note that make-up appointments may not be immediately possible and will be added to the end of your treatment schedule.

Patient Signature : _____ Date : _____

Printed Name : _____

CAVI-LIPO INFORMED CONSENT



I request and authorize Healing Space Wellness to perform Cavi-Lipo procedures on body parts as noted and confirmed below to help my sculpt my body.

I understand that the Cavi-ultrasound device emits high-frequency ultrasound and that clinical results may vary depending on medical history, skin type, and compliance with pre- and post-treatment instructions. Furthermore, I understand that no guarantee has been made with regard to outcome/results.

I understand that there is the possibility of reactions, such as headaches, nausea, reddening, and discoloration of the skin. Reactions should be reported immediately.

I have been fully informed of the nature and purpose of Cavi-Lipo and that it does not constitute, profess, nor should I infer that it treats or prevents health problems; it is NOT meant to reduce weight. It is NOT a medical procedure; it is strictly an elective body sculpting ultrasound technique. I understand the integrity of skin, fat tissue, and muscle deteriorates with age, therefore like any other massage procedure, I do not expect results to last a lifetime.

I certify that NONE of the following conditions apply to me: diabetes, pacemaker, internal defibrillator, metal implants, pregnancy, breastfeeding; liver or gallbladder, immune, kidney or heart condition, fertility treatments, anti-inflammatory medication, anti-coagulants, or antibiotic treatment. I accept responsibility to inform Healing Space Wellness BEFORE receiving ultrasound if there are any suspicions or changes to my health.

I consent to having my photograph taken and authorize anonymous use for the purpose of research, education, or promotional efforts by Healing Space Wellness.

I understand that 48 hours notice is required to cancel or change an appointment without forfeiting the session fee. A credit card must be held on file. Unfortunately voice messages left on answering machines/phones cannot be depended upon, therefore to change or cancel an appointment, a text, email, or personal conversation with Denise Parker is required to avoid the cancellation fee. I have been given the opportunity to ask questions, have read fully, understand, and have received a copy of this informed consent.

I have been told that results can vary from 1/4" - 1" per treatment and will be satisfied with the results. _____

Area to be treated : _____

Patient Signature : _____ **Date :** _____

Printed Name : _____