

SHRINK Studios

4606 FM 1960 Rd W Suite 110
The Woodlands Mall Suite 4040
832-353-5045

Client Consent Form

**Please click in the green arrow to start or tab through, fill out each line as it applies
e-sign at the bottom to electronically submit before your appointment.
You will receive an email copy upon completion.**

DATE: _____

NAME: _____ GENDER: M F

BIRTHDAY: _____ (the year is optional)

ADDRESS: _____ APT/CONDO # _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: cell: (_____) _____ - _____ WORK: (_____) _____ - _____

EMAIL: _____

OCCUPATION: _____

**A \$50 SAME DAY CANCELLATION FEE OR A \$50 SAME DAY RESCHEDULING
FEE, A 24 HOUR NOTIFICATION IS REQUIRED TO AVOID FEES : Initial _____**

***Fees Are Strictly Enforced**

EMERGENCY CONTACT

NAME: _____ RELATION: _____

PHONE: (_____) _____ - _____

HOW DID YOU HEAR ABOUT SHRINK Studios:

COUPON _____ REFERRAL _____

WORK NEARBY _____ GIFT CERTIFICATE _____

INTERNET _____ POST CARD/FLIER _____

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Client Goals:

*** You will be charged a \$50 same day cancellation fee due to menstrual cycle.* Do not schedule Non-Surgical Lipo or RF Skin Tightening treatment on abs, your cycle will become very heavy!**

When was your last menstrual cycle? _____

Treatments you are interested in? Non-Surgical Lipo RF Skin Tightening/Cellulite
 Infrared Sauna Dome The "Lunchtime Lift"

Have you ever had any of these treatments before? Yes No

If yes, what did you like about it? _____

what didn't you like about it? _____

What is your primary problem area(s)? 1st _____

2nd _____

3rd _____

What are your over-all body slimming & contouring goals? _____

Do you want to lose body fat? Yes No

If yes, from what area? _____

Do you want Cellulite reduction? Yes No

If yes, from what area? _____

Do you want to tighten skin on your body? Yes No

If yes, from what area? _____

Do you want to tighten skin on your neck/face? Yes No

If yes, from what area? _____

Please list your regular exercise habits: _____

Please describe your current dietary habits: _____

How many ounces of water do you drink daily? _____

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Before/After Treatment Recommendations:

Body Contouring & Infrared Sauna Treatments

- Drink (3) 16 oz bottles of water before your appointment and continue to drink water after your appointment and at least 2 liters of water the day after your treatment to flush out the melted fat.
 - Eat a small snack 45 minutes to 1 hour before using the sauna.
- Do not drink ANY alcohol or caffeine the day of, and the day after your treatment.
- Do not eat 2-3 hours after treatment, especially fatty, greasy food.
- Following your appointment, it is recommended to do at least 20 minutes of brisk exercise to stimulate lymph system or schedule our Infrared Sauna or Whole Body Vibration session for the best results.

Facial Treatments

After RF facial treatments area done you should avoid any type of sun exposure either by lying out in the sun, using artificial tanning with tanning beds or self-tanners, etc.

Contraindications

There are contraindications for treatments that include, but not limited to, pregnancy, nursing, infectious skin disease, open wound, skin infections, recent surgery, uncontrolled high blood pressure, heart problems, untreated thyroid disease and other hormonal disorders, pacemaker, any type of metal implants, blood clots, people on blood thinners, varicose veins, deep vein thrombosis, allergies, epilepsy, asthma, liver or kidney malfunction, lupus, untreated diabetes, auto immune diseases, HIV or AIDS, menstruation (abdominal area only) Intrauterine device avoid abdomen, 250 lbs limit, and cancer of any type. If you have a medical condition, it is imperative that you receive physician approval prior to treatment.

CLIENT RELEASES, WAIVES, DISCHARGES SHRINK STUDIOS OR ANY OF ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, INDEPENDENT CONTRACTORS, SHAREHOLDERS, INSURANCE COMPANIES, ATTORNEYS, AFFILIATES, SUBCONTRACTORS, VENDORS, LANDLORDS, LESSORS, AND/OR ITS SUCESSORS IN INTEREST (COLLECTIVELY, "RELEASEES") HARMLESS FROM ALL CLAIMS, ACTIONS, OR DEMANDS CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY RELATED SERVICES.

I do understand that not all treatments will have the same results on every client, therefore no guarantee can be given. The treatments I receive here are voluntary and I release SHRINK Studios from liability and assume full responsibility thereof.

I acknowledge any and all treatments does not claim to cure or treat any condition or disease. I acknowledge that the Shrink Studios has the right to refuse service and the use of the facilities to any person whose conduct is harassing, offensive, inappropriate or is an unreasonable disturbance to other clients, guests, vendors, employees, agents, and/or independent contractors, and that any such conduct which shall result in the Client's expulsion and termination of the use of its related services, without refund of moneys advanced for such use and services.

I HAVE CAREFULLY READ THE ABOVE USE AGREEMENT, WAIVER AND RELEASE OF LIABILITY AND UNDERSTAND THAT I HAVE GIVEN UP RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Dated: _____ CLIENTSIGNATURE_____