

## Body Contouring Services Consent Form

Salon Name: The Babe Spa

Service (please check) and specify area of treatment:

Cavitation \_\_\_\_\_  Other \_\_\_\_\_

### Client Details

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sex:  M  F

How did you hear about us?

Internet  Hair/Nail Salon  Television  Magazine  Walk by  Friend (Specify)  Radio  Other (Specify)

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### Important Information

Wanting to achieve?

General Weight Loss  Slimming/Firming  Body Contouring  Cellulite Removal

#### **Patch Test**

Would you like to have a patch test performed?  Yes  No  Not required (**Tech Signature**)

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Agreement: I request and consent to these procedures being carried out today without undergoing a sensitivity patch test. The sensitivity test, which if conducted, may indicate my sensitivity/allergy to the products. I understand the contents of this form and take full responsibility for my actions, thus absolving all other parties of their responsibilities, if any, associated with the supply of the products and service(s).

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Technician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical History**

**(Female Clients)** When is your next menstrual cycle due to begin? \_\_\_\_\_

(For your personal comfort, you should avoid hair removal two days before your cycle is due and two days after it is completed.)

**Current Conditions, Previous Discomfort, Stinging or Adverse Reactions**

Please check any that apply.

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Inflammation in the area of treatment                      | <input type="checkbox"/> Botox/dermal fillers          | <input type="checkbox"/> Previous reaction to dyes or Henna application            |
| <input type="checkbox"/> Skin trauma, swelling or abrasions                         | <input type="checkbox"/> Skin Disorders/disease        | <input type="checkbox"/> Chemotherapy (current cancer treatment) or Current cancer |
| <input type="checkbox"/> Recent operations around the area of treatment             | <input type="checkbox"/> Eye infections/conjunctivitis | <input type="checkbox"/> Hypersensitive skin                                       |
| <input type="checkbox"/> Recent tattooing, microblading or feather touch treatments | <input type="checkbox"/> Use of skin thinning products | <input type="checkbox"/> Sunburn or Tanning Bed Use                                |

Have you had waxing or any skin care treatments before and experienced a reaction?  Yes  No

Details \_\_\_\_\_

**Allergy & Medical History:**

Do you have allergies?  Yes  No (please specify.) \_\_\_\_\_

Have you had an allergic reaction to hair color?  Yes (please specify.)  No \_\_\_\_\_

Have you had any skin problems in the past 4 weeks?  Yes (please specify.)  No \_\_\_\_\_

Have you recently had a chemical peel or microdermabrasion?  Yes (Specify date.)  No \_\_\_\_\_

Do you use products containing retinol or AHA?  Yes (please specify.)  No \_\_\_\_\_

Do you have diabetes, lupus, or any autoimmune disease?  Yes (please specify.)  No \_\_\_\_\_

**Any medications (Prescribed and Over the Counter including vitamins/herbs/supplements) or Skincare products you are currently using:**

\_\_\_\_\_

**Other relevant information: (Any illnesses or conditions you are being treated by a physician for?)**

\_\_\_\_\_

I certify that the medical history provided today is accurate and complete to the best of my knowledge.

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Technician Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Procedure Consent**

Although we take every precaution to ensure your safety and well-being before, during and after your service, please be aware of the possible risks below. Please initial.

\_\_\_\_\_ I understand that body contouring can have certain side effects such as skin removal, redness, swelling, tenderness, cardiac issues etc.

\_\_\_\_\_ I understand that body contouring does not treat medical conditions nor does it claim or guarantee to treat or relieve any medical condition

\_\_\_\_\_ I give permission to my therapist to perform the procedure we have discussed and will hold her and her staff harmless from any liability that may result from this treatment.

\_\_\_\_\_ I have read and understand the post-treatment home care instructions. I am willing to follow recommendations made by my esthetician for a home care regimen that can minimize or eliminate possible negative reactions.

\_\_\_\_\_ I understand that in the event I have questions or concerns regarding my treatment, I will consult the esthetician and The Babe Spa, LLC. immediately.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Company Lateness and Cancellation Policy**

Our time is very valuable. To ensure that we can provide all of our clients with excellent service, we ask that you be on time to all of your appointments. Please arrive at least **5 to 10 minutes** prior to your scheduled time to ensure you receive your full appointment time.

In the event that you should be tardy, we ask that you be considerate and call to inform us of your situation so we may take necessary action or make special arrangements. Please be aware that if you are 15 minutes or more late to your appointment, you will be voided. You will need to reschedule. **NO EXCEPTIONS.**

In the event that you need to cancel or reschedule your appointment, we asked that you notify us at least 48 hours in advance of your scheduled appointment.

- **WE RESERVE THE RIGHT:** to charge 50% of the scheduled service price when cancelling or rescheduling less than 48 hours prior to your appointment.
- **WE RESERVE THE RIGHT:** to charge 100% of the scheduled service(s) on No-Shows.

**\*\* ALL CLIENTS MUST HAVE A CREDIT CARD ON FILE PRIOR TO BOOKING AN APPOINTMENT FOR ANY SERVICE TO GUARANTEE YOUR APPOINTMENT \*\***

The satisfaction of our clients is our main priority. We offer prompt solutions to any problems or concerns that may occur.

We do not offer refunds, credits, or exchanges for products sold or services rendered.

If, for any reason, you feel dissatisfied with any of our services, please bring this to management's attention. We appreciate all feedback, negative or positive, from our clients to better serve you. As part of our service we like to provide follow-ups by phone and email (contact@thebabespa.com), for any questions or concerns.

I understand and acknowledge The Babe Spa, LLC.'s policy regarding lateness and appointment cancellations.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Company Privacy Policy**

We value your privacy. We do not disclose your personal information or share it with other outside entities unless otherwise authorized by you. Your information is used for internal statistics, marketing, or educational purposes. We do not send spam emails. We only communicate with our clients and potential clients regarding new services, price changes, special offers, and appointment notifications.

## **Photo Release Waiver**

I understand that for legal purposes, The Babe Spa, LLC, will take photos before and after the service is complete.

**Client Initials** \_\_\_\_\_

I hereby grant and authorize The Babe Spa, LLC the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me to be used in an/or for legally promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites, and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats and markets known or hereafter devised. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing.

**Client Initials** \_\_\_\_\_

I understand and agree that these materials shall become the property of The Babe Spa, LLC. and will not be returned.

**Client Initials** \_\_\_\_\_

I hereby hold harmless, and release The Babe Spa, LLC. from all liability petitions, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons may make while acting on my behalf or on the behalf of my estate.

**Client Initials** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I have fully read and understand and hereby acknowledge the contents of this consent form to its entirety including my responsibilities detailed throughout this document. I have been given the opportunity to ask questions about the products, application procedure, and any risks or hazards involved.

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Technician Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_