

# Client Information Sheet

LUXE

Name:

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Email:

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Mobile:

Home:

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Date of Birth:

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Today's Date:

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**This Consultation Form will assist your technician in correctly evaluating your needs & choosing the correct treatment for you today. All information is strictly confidential & remains the property of LUXE bodysculpting.**

**Please circle any recent or current experience of the following conditions:**

## **MUSCULAR/JOINT**

Recent/Repetitive Injury    Numbness/Tingling    Pain/Swelling    Fibromyalgia  
Arthritis    Inflammation

## **HIGH RISK**

Recent Surgery    Heart Problem/Pacemaker    High/Low Blood Pressure  
Digestive Problems    Diabetes or Epilepsy    Cancer/Remission

## **ILLNESS**

Cold/Flu/Virus

## **CIRCULATORY**

Blood Clots    Thrombosis    Varicose Veins    Edema

## **FACE and BODY**

Pregnant/Breastfeeding    Botox/Dermal Fillers    Post Natal/Pre Menstrual  
Skin Sensitivity    Dermatitis    Menopausal

**Please list any physical or health conditions that your technician should be aware of:**

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What would you like to gain from your treatment today?

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What type of exercise are you regularly doing?

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Hours of exercise per week:

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How were you referred to us? (please circle)

Word of Mouth    Website/Internet     Drive/Walk By    Referral

**Please read the terms and conditions below:**

I confirm that to the best of my knowledge, the answers I have given are correct and I have not withheld any information that may be relevant to my treatment.

I certify that the preceding medical, personal and skin history statements are true and correct. I am aware that it is my responsibility to inform my Technician of my current medical or health conditions and to update this history as a current medical history is essential her/him to execute appropriate treatment procedures.

I understand that LUXE bodysculpting reserves the right to charge for appointments cancelled or broken without 24 hours notice.

**Client Signature:**

**Date:**

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