

## **CUSTOMER DATA SHEET**

Address	Last Name	First Name						
# of Treatments Booked Female O Male O Height without Shoes    Date of Birth Female O Male O Height without Shoes	Address		City Zip				Zip	
# of Treatments Booked Female O Male O Height without Shoes    Date of Birth Female O Male O Height without Shoes	Home Telephone	Business Telephone						
Date of Birth								
Courpetion Current type of Exercise						Height without Shoes		
Reason for Visit, Motivations & Expectations  CONTRA-INDICATIONS FOR INFRARED BODY WRAP  Cardiac Condition								
Contra-Indications For Infrared Body Wrap  Cardiac Condition  O Heavy Menstruation  O Overactive Thyroid Gland  O Lupus Erythematosus  O Acute Joint Injury (1st 48 Hrs)  O Diabetes requiring Insulin  O Adrenal Suppression  O Implanted Pacemaker  O Kidneys Malfunctions  O Multiple Sclerosis  O Pregnancy  O Open Wounds  O Metal Pins or Rods  O Constricted Coronary Blood Vessels  O Skin Diseases  O Artificial Joints  O High or Low Blood Pressure  O Contact Allergies  O Implanted Silicone  O Enclosed Infection (Dental, Joint)  O Fever  O Varicose Veins  O Hemophilia  O Severe General Infection  O Other (Please Describe)  Consult your doctor before receiving an Infrared Body Wrap treatment if you have received treatment for any of the above listed conditions in the highlighted area. You cannot receive the treatment if you suffer from any of the remaining conditions described above.  If you have a history of any other medical condition or you are taking prescription drugs, you should consult your physician before using Infrared Body Wrap.  Doctor's Name  Phone #  Doctor's Approval:  Written O Verbal O  I have been fully informed and understand the use of Formostar Body Wrap System and accept personal responsibility for my treatments. I understand that SALON NAME HERE and its staff are not liable for any injury to person caused in any way by the use of its services or premises. I hereby authorize SALON NAME HERE to take photographs of me and to use them as an aid in my treatment. I am aware that the results achieved by this treatment may vary from person to person, and I acknowledge that no promises or guarantees have been made to me as to the results of this treatment.	Have you ever used an Infrared Sauna or Body Wrap?  O Yes  O No							
Contra-Indications For Infrared Body Wrap  Cardiac Condition  O Heavy Menstruation  O Overactive Thyroid Gland  O Lupus Erythematosus  O Acute Joint Injury (1st 48 Hrs)  O Diabetes requiring Insulin  O Adrenal Suppression  O Implanted Pacemaker  O Kidneys Malfunctions  O Multiple Sclerosis  O Pregnancy  O Open Wounds  O Metal Pins or Rods  O Constricted Coronary Blood Vessels  O Skin Diseases  O Artificial Joints  O High or Low Blood Pressure  O Contact Allergies  O Implanted Silicone  O Enclosed Infection (Dental, Joint)  O Fever  O Varicose Veins  O Hemophilia  O Severe General Infection  O Other (Please Describe)  Consult your doctor before receiving an Infrared Body Wrap treatment if you suffer from any of the above listed conditions in the highlighted area. You cannot receive the treatment if you suffer from any of the remaining conditions described above.  If you have a history of any other medical condition or you are taking prescription drugs, you should consult your physician before using Infrared Body Wrap.  Doctor's Name  Phone #  Doctor's Approval:  Written O Verbal O  I have been fully informed and understand the use of Formostar Body Wrap System and accept personal responsibility for my treatments. I understand that SALON NAME HERE and its staff are not liable for any injury to person caused in any way by the use of its services or premises. I hereby authorize SALON NAME HERE to take photographs of me and to use them as an aid in my treatment. I am aware that the results achieved by this treatment may vary from person to person, and I acknowledge that no promises or guarantees have been made to me as to the results of this treatment.	Reason for Visit, Motivation	ns & Expecta	ations					
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Lupus Erythematosus O Acute Joint Injury (1st 48 Hrs) O Diabetes requiring Insulin O Adrenal Suppression O Implanted Pacemaker O Kidneys Malfunctions O Multiple Sclerosis O Pregnancy O Open Wounds O Metal Pins or Rods O Constricted Coronary Blood Vessels O Skin Diseases O Artificial Joints O High or Low Blood Pressure O Contact Allergies O Implanted Silicone O Enclosed Infection (Dental, Joint) O Fever O Varicose Veins O Hemophilia O Severe General Infection O Other (Please Describe)  Consult your doctor before receiving an Infrared Body Wrap treatment if you have received treatment for any of the above listed conditions in the highlighted area. You cannot receive the treatment if you suffer from any of the remaining conditions described above. If you have a history of any other medical condition or you are taking prescription drugs, you should consult your physician before using Infrared Body Wrap.  Doctor's Name Phone #  Doctor's Name Name HERE and its staff are not liable for any injury to person caused in any way by the use of its services or premises. I hereby authorize SALON NAME HERE to take photographs of me and to use them as an aid in my treatment. I am aware that the results achieved by this treatment may vary from person to person, and I acknowledge that no promises or guarantees have been made to me as to the results of this treatment.	Co	ONTRA-I	NDICATIONS FOR IN	FRARE	DE	BODY WRAP		
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Multiple Sclerosis  O Pregnancy O Open Wounds O Metal Pins or Rods O Constricted Coronary Blood Vessels O Skin Diseases O Artificial Joints O High or Low Blood Pressure O Contact Allergies O Implanted Silicone O Enclosed Infection (Dental, Joint) O Fever O Varicose Veins O Hemophilia O Severe General Infection O Other (Please Describe)  Consult your doctor before receiving an Infrared Body Wrap treatment if you have received treatment for any of the above listed conditions in the highlighted area. You cannot receive the treatment if you suffer from any of the remaining conditions described above.  If you have a history of any other medical condition or you are taking prescription drugs, you should consult your physician before using Infrared Body Wrap.  Doctor's Name Phone #  Doctor's Approval: Written O Verbal O  I have been fully informed and understand the use of Formostar Body Wrap System and accept personal responsibility for my treatments. I understand that SALON NAME HERE and its staff are not liable for any injury to person caused in any way by the use of its services or premises. I hereby authorize SALON NAME HERE to take photographs of me and to use them as an aid in my treatment. I am aware that the results achieved by this treatment may vary from person to person, and I acknowledge that no promises or guarantees have been made to me as to the results of this treatment.	Lupus Erythematosus	0	Acute Joint Injury (1st 48 Hrs)		0	Diabetes requiring Insulin	0	
Metal Pins or Rods  O Constricted Coronary Blood Vessels  O Skin Diseases  O Artificial Joints  O High or Low Blood Pressure  O Contact Allergies  O Implanted Silicone  O Enclosed Infection (Dental, Joint)  O Fever  O Varicose Veins  O Hemophilia  O Severe General Infection  O Other (Please Describe)  Consult your doctor before receiving an Infrared Body Wrap treatment if you have received treatment for any of the above listed conditions in the highlighted area. You cannot receive the treatment if you suffer from any of the remaining conditions described above.  If you have a history of any other medical condition or you are taking prescription drugs, you should consult your physician before using Infrared Body Wrap.  Doctor's Name  Phone #  Doctor's Approval:  Written O Verbal O  I have been fully informed and understand the use of Formostar Body Wrap System and accept personal responsibility for my treatments. I understand that SALON NAME HERE and its staff are not liable for any injury to person caused in any way by the use of its services or premises. I hereby authorize SALON NAME HERE to take photographs of me and to use them as an aid in my treatment. I am aware that the results achieved by this treatment may vary from person to person, and I acknowledge that no promises or guarantees have been made to me as to the results of this treatment.	Adrenal Suppression	0	Implanted Pacemaker		0	Kidneys Malfunctions	0	
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Implanted Silicone  O Enclosed Infection (Dental, Joint)  O Fever  O Varicose Veins  O Hemophilia  O Severe General Infection  O Other (Please Describe)  Consult your doctor before receiving an Infrared Body Wrap treatment if you have received treatment for any of the above listed conditions in the highlighted area. You cannot receive the treatment if you suffer from any of the remaining conditions described above.  If you have a history of any other medical condition or you are taking prescription drugs, you should consult your physician before using Infrared Body Wrap.  Doctor's Name  Phone #  Doctor's Approval:  Written O Verbal O  I have been fully informed and understand the use of Formostar Body Wrap System and accept personal responsibility for my treatments. I understand that SALON NAME HERE and its staff are not liable for any injury to person caused in any way by the use of its services or premises. I hereby authorize SALON NAME HERE to take photographs of me and to use them as an aid in my treatment. I am aware that the results achieved by this treatment may vary from person to person, and I acknowledge that no promises or guarantees have been made to me as to the results of this treatment.	Metal Pins or Rods	0	Constricted Coronary Blood V	'essels	0	Skin Diseases	0	
Varicose Veins  O Hemophilia  O Severe General Infection  O Other (Please Describe)  Consult your doctor before receiving an Infrared Body Wrap treatment if you have received treatment for any of the above listed conditions in the highlighted area. You cannot receive the treatment if you suffer from any of the remaining conditions described above.  If you have a history of any other medical condition or you are taking prescription drugs, you should consult your physician before using Infrared Body Wrap.  Doctor's Name  Phone #  Doctor's Approval:  Written O  Verbal O  I have been fully informed and understand the use of Formostar Body Wrap System and accept personal responsibility for my treatments. I understand that SALON NAME HERE and its staff are not liable for any injury to person caused in any way by the use of its services or premises. I hereby authorize SALON NAME HERE to take photographs of me and to use them as an aid in my treatment. I am aware that the results achieved by this treatment may vary from person to person, and I acknowledge that no promises or guarantees have been made to me as to the results of this treatment.	Artificial Joints	0	High or Low Blood Pressure		0	Contact Allergies	0	
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Client Signature Date	my treatments. I understanthe use of its services or praid in my treatment. I am	nd that SALC emises. I he aware tha	ON NAME HERE and its staff are ereby authorize SALON NAME t the results achieved by the	e not liable HERE to this treatm	for a ake pent	any injury to person cause ohotographs of me and to may vary from person to	d in any way by use them as an	
Duto	Client Signature		ı			Date		

<sup>\*</sup> You are advised to use the restroom prior to the procedure.