

WOOD THERAPY

Consent Form

CLIENT INFORMATION

Name Date Of Birth

Address

Phone Email

Physician: Phone

Emergency Contact Phone

How did you hear about us?

YOUR HEALTH HISTORY

Please list any allergies you have

Please list any chronic medical conditions

Please list any medications you are taking
the-counter herbs, vitamins and supplements

Do you have type 1 or type 2 diabetes? ☐ No ☐ Yes

Do you have any known kidney or liver disorders? ☐ No ☐ Yes

Do you have photosensitivity to sun exposure? ☐ No ☐ Yes

Do you currently have cancer? ☐ No ☐ Yes

If yes, are you currently on chemotherapy? ☐ No ☐ Yes

Have you had cancer in the past 12 months? ☐ No ☐ Yes

Do you have any thyroid problems? ☐ No ☐ Yes

Do you have high blood pressure? ☐ No ☐ Yes

Do you have any cardiovascular conditions? ☐ No ☐ Yes

Do you have any medical devices implanted (hearing aids, a pacemaker, hormonal pellets, etc.)? ☐ No ☐ Yes

If yes, please list:

Are you currently pregnant or nursing? ☐ No ☐ Yes

When was the first day of your last menstrual cycle?

YOUR TREATMENT GOALS

What concerns would you like addressed today?

Do you want to lose body fat? ☐ No ☐ Yes

If yes, from what area?

Do you want to reduce cellulite? ☐ No ☐ Yes

If yes, from what area?

Please list your regular exercise habits:

How many ounces of water do you drink daily?

Is there anything else we should know?

CONSENT & RELEASE FORM

☐ I understand that wood therapy body sculpting treatments are not recommended if I am pregnant, breastfeeding, have a lymphatic disorder, acute illness or contagious disease, fever, skin disease, Bells Palsy or are currently being treated for active cancer.

☐ I understand that neither my provider nor this agreement provides a guarantee of results. The agreement deals solely with the services to be rendered and the fees to be paid for the care as provided. Your payment obligation is not contingent upon the outcome of services.

☐ I understand that my provider is using wooden tools on me during this service. Should I begin feeling uncomfortable, I will immediately inform my practitioner so that they may adjust accordingly.

☐ I understand that wood therapy is a non-invasive bodywork service and is not a substitute for medical diagnosis or treatment. Results vary by individual.

☐ I understand and acknowledge that payments for the above services are non-refundable.

☐ I understand that I may experience mild discomfort during the procedure from the pressure and technique the practitioner performs on me and I may experience bruising which should subside within a week.

☐ I agree to inform and notify immediately my practitioner should any information regarding my health historical past and present change.

☐ I agree that I have answered all the questions about myself and my health history to the best of my abilities and knowledge.

☐ I certify that the information on this intake form is true and complete to the best of my knowledge. I understand that withholding or misrepresenting relevant health information may increase the risk of adverse effects. I agree to inform my practitioner of any changes before future treatments.

Client signature (type full legal name)

Date