



CUSTOMER DATA SHEET

Last Name _____ First Name _____

Address _____ City _____ Zip _____

Home Telephone _____ Business Telephone _____

of Treatments Booked _____ Date of 1st Treatment _____

Date of Birth _____ Female Male Height without Shoes _____

Occupation _____ Current type of Exercise _____

Have you ever used an Infrared Sauna or Body Wrap? Yes No

Reason for Visit, Motivations & Expectations _____

CONTRA-INDICATIONS FOR INFRARED BODY WRAP

Cardiac Condition	<input type="radio"/>	Heavy Menstruation	<input type="radio"/>	Overactive Thyroid Gland	<input type="radio"/>
Lupus Erythematosus	<input type="radio"/>	Acute Joint Injury (1 st 48 Hrs)	<input type="radio"/>	Diabetes requiring Insulin	<input type="radio"/>
Adrenal Suppression	<input type="radio"/>	Implanted Pacemaker	<input type="radio"/>	Kidneys Malfunctions	<input type="radio"/>
Multiple Sclerosis	<input type="radio"/>	Pregnancy	<input type="radio"/>	Open Wounds	<input type="radio"/>
Metal Pins or Rods	<input type="radio"/>	Constricted Coronary Blood Vessels	<input type="radio"/>	Skin Diseases	<input type="radio"/>
Artificial Joints	<input type="radio"/>	High or Low Blood Pressure	<input type="radio"/>	Contact Allergies	<input type="radio"/>
Implanted Silicone	<input type="radio"/>	Enclosed Infection (Dental, Joint)	<input type="radio"/>	Fever	<input type="radio"/>
Varicose Veins	<input type="radio"/>	Hemophilia	<input type="radio"/>	Severe General Infection	<input type="radio"/>

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 Verbal

I have been fully informed and understand the use of Formostar Body Wrap System and accept personal responsibility for my treatments. I understand that _____ 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 _____ 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.

Client Signature _____ Date _____

* You are advised to use the restroom prior to the procedure.