LEMONBOTTLE

Macroom Massage & Holistic Clinic

Consultation Form

NEWSLETTER

We will use your e-mail address solely to provide information about our company. Your information will not be sold.

YES! Sign me up!

☐ No, thank you.

Appointment Date:

PERSONAL INFORMATION

FULL NAME:

DOB: AGE: PHONE#:

ADDRESS:

In order to provide you with the most appropriate fat dissolve treatment, we need you to complete the following questionnaire. All information is strictly confidential.

- Have you ever had fat dissolve previously? ☐ Yes ☐ No
- What area/s would you like to see improvement in?

MEDICAL HISTORY

Please check any health problems, past or present:

- ☐ Asthma
- ☐ Hepatitis
- ☐ Lupus, scleroderma
- ☐ Shortness of breath
- ☐ Blood clots
- ☐ Seizures
- ☐ Hormonal Problems
- ☐ High Blood Pressure
- ☐ Fainting
- ☐ Liver disease
- ☐ Diabetes
- ☐ Heart problems
- ☐ Keloid scars
- ☐ Weight loss
- ☐ HIV/ARC/AIDS
- ☐ Ankle swelling
- ☐ Cancer (Type: _____)
- ☐ Cystic Acne
- ☐ Cold sores/Herpes
- ☐ Stomach problems
- ☐ Thyroid
- ☐ Kidney disorder
- ☐ Psychiatric problems
- ☐ Migraines
- ☐ Other:_____
  _____

- Do you have a known allergy or sensitivity to any topical or local anesthetics including dental anesthetics? ☐ Yes ☐ No
- Do you suffer from allergies? *If yes, please specify*
- Have you taken a medication containing Isotretinoin (e.g. Roaccutane) during the previous 12 months? ☐ Yes ☐ No
- Do you have an allergy or sensitivity to latex/rubber? ☐ Yes ☐ No

Please list all of the medications you are currently taking..

Please list any herbal supplements you are currently using..

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- Are you prone to keloid scarring, hypertrophic scarring, or any other form of excessive scarring condition? ☐ Yes ☐ No
- Do you have, or do you think it is possible you may have a Blood Borne Communicable Disease? *e.g. Hepatitis C Virus (HBC), Hepatitis B Virus (HBC), (HIV)* ☐ Yes ☐ No
- Do you currently have any other form of communicable disease, or infection? ☐ Yes ☐ No
  e.g. respiratory infection, gastrointestinal infection, skin infection, ear or eye infection, bacterial, fungal or viral infection etc.
- Do you have Diabetes, currently on any form of immunosuppressant therapy, or have any other condition that may cause delayed healing? ☐ Yes ☐ No
- Have you ever had a Herpes Simplex Type I infection (also called cold sores/fever blisters)? ☐ Yes ☐ No
- Do you have any Hypersensitivity, Autoimmune Disorder, or Allergic Conditions? ☐ Yes ☐ No
- Have you ever taken a medication containing Bisphosphonate/Diphosphonate? *(e.g. fosamax, alendronate)* ☐ Yes ☐ No
- Do you have any form of bleeding disorder, or are you taking any anticoagulants (blood thinners)? ☐ Yes ☐ No
- Have you had any form of Cosmetic or Surgical Procedure, Radiotherapy, or Chemotherapy at any time during the past 6 months? ☐ Yes ☐ No
- Do you suffer from any form of hyperpigmentation skin conditions? ☐ Yes ☐ No
- Do you suffer with fainting, blackouts, or seizures? ☐ Yes ☐ No
- Do you have a cardiac pacemaker, Implanted Cardioverter Defibrillator (ICD), have a serious heart condition, or abnormal blood pressure? ☐ Yes ☐ No
- Do you have any form of acute or chronic eye condition? ☐ Yes ☐ No
- Are you prone to developing Telangiectasia? (sometimes referred to as spider veins) ☐ Yes ☐ No

HEALTH HABITS

- Do you smoke? Yes ☐ No ☐ | How many per day? _____ How long? _____
- Coffee, Cups per day _____
- Soda, Cups per day _____
- Water, Glasses per day _____
- Alcohol use: _____ Number/Day _____
- Exercise:

☐ No ☐ 1-2 days per week ☐ 3-4 days per week ☐ 5-6 days per week

☐ Yoga ☐ Aerobics ☐ Walk/Hike ☐ Gym Only ☐ Cycle ☐ Swim

☐ Other _____

I fully understand the information provided above & confirm that all information provided by me is correct and truthful. I will not hold my therapist _____, or any member of staff at _____ responsible for any errors or omissions that i may have made on this form

Date: _____

Client Name: (TYPED) _____ Client Signature: _____

Previous Surgery & Cosmetic procedures, please include date of procedures

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Informed Consent

I, _____ _____ _____THE UNDERSIGNED, hereby acknowledge that the Lypolysis I will receive at _____ (Salon's name) being performed by _____ (Therapist' name), a Lemonbottle trained technician, are voluntary and I agree to the procedure out of my own free will. I fully understand that the Lypolysis procedure is for cosmetic purposes only and should not be construed or be intended for any medical treatment and/or plastic surgery. Accordingly I hereby acknowledge that I fully understand and have been sufficient opportunity for discussion for any questions to haveanswered about the Lypolysis procedures to be performed by_____ (Therapist' name).

I, _____ _____ _____ UNDERSTAND and acknowledge that this procedure is a process, and additional appointments after the initial procedure is necessary in order to achieve the desired results and will be subject to charge at additional rates. I understand the treatment procedures and accept the risks. Lemonbottle products and technicians will at all times maintain acceptable high standards and procedures and will endeavor to provide the best possible result. I do however acknowledge and understand that my technician cannot predict the results in advance and that no guarantees have been made to me concerning the results of this procedure.

I ACKNOWLEDGE further that I have received adequate information to give my informed consent and authorize the technician to perform all Lypolysis procedures listed. In the event that I may have additional questions or concerns regarding my treatment, I will consult Lemonbottle and or its technicians immediately. I also hereby grant my consent for Lemonbottle to use any or all before and after photos taken of the Lypolysis procedures conducted by Lemonbottle for record purposes, and further give my permission to use any reproductions or
adaptations of the photos for publicity, or other purposes. This might include (but is not limited to), the right to use them in printed and online publicity, social media, press releases and advertising applications.

I CONFIRM that I declared all known allergies, prescription medication, conditions, treatments or products I am currently ingesting or using topically and agree to follow the pre- and post-procedure instructions I received and will strictly adhere to such instructions. I understand that my failure to do so may compromise my chances for a successful procedure. I will not hold Lemonbottle and/or technician responsible for any of my conditions that were present, but not disclosed at the time that withholding information or providing misinformation may result in contraindications and/or irritation from the procedures received.

I CONFIRM further that I have received, read and understand the above paragraphs, client card, pre and post after care and consent form. I have had it explained to me and understand that signing below indicates my agreement to all of the conditions and provisions stated in this document.

INDEMNITY

By signing this agreement, I hereby indemnify and hold harmless Lemonbottle, its employees, agents or any other person related to and or trained by them, for any damage or harm that may arise out of any procedure performed by them to me, whether such injury or damage or loss is caused by the negligence, acts or omissions of Lemonbottle or any of its employees or agents or by any other cause whatsoever.

Client Name. Client Signature Date

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Aftercare

• There may be itching, stinging, redness, or warmth in the treatment area post treatment. This will last between a few hours to a couple of days.

• Swelling and bruising are normal and can reside for several days post treatment.

• The skin may feel tender to touch.

• It is important to massage the area treated & drink plenty of water to help the body remove the excess waste. We recommend 1-2 litres per day.

• Avoid sun exposure or sunbeds for a week post treatment to reduce the chance of hyperpigmentation.

• A healthy diet & light exercise should be maintained throughout the course of the treatment.

• In rare cases, nodules, necrosis, abscesses, hematomas, or infection may occur. If you experience anything that concerns you, please seek medical attention immediately.

• Pressure garments may need to be worn to enhance the effects of the treatments for short periods of time.

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Treatments & Prices

Lemon Bottle Fat Dissolving Injections: the fastest and strongest fat dissolver in the industry. This treatment is completely safe, and shows results from 24 hours. Unlike other fat dissolvers, Lemon Bottle is not painful, there is no downtime, and most importantly no swelling afterwards.

DOUBLE CHIN AREA	€190
ARMS ('BINGO WINGS')	€249
BRA BULGE (BACK) AREA	€249
LOVE HANDLES	€249
HOUR GLASS CURVES	€249
ABDOMEN	€249
INNER THIGHS	€249
OUTER THIGHS	€249

www.macroommassageclinic.ie