jenn-uuine consent form

This form is designed to give information needed to make an informed choice of whether or not to undergo the body sculpting procedure.

If you have questions, please don't hesitate to ask.

Although body sculpting is effective in most cases, there is no guarantee that every client will benefit from the procedure.

All instruments that come into contact with the body are cleaned and sterilized before use and after. Cross contamination guidelines are strictly adhered to.

At Jenn_uuine, we commit to providing you with excellent results; however, a perfect result is not a realistic expectation.
To achieve desired results, multiple sessions are advised.

Printed Name :_____

Signature:_____ Date:_____

jenn-uine medical history

Today's Date: _____

Name: _____ DOB:_____ Sex: M F

Street Address: _____City:_____ State:_____ Zip_____

Phone #_____ Email: _____

Emergency Contact _____ Phone#: _____

Referred by:_____

Please check any conditions that you currently have, or have had previously:

Over 18 years of age?

Any medical devices or metal implants? _____

Diabetes? Type 1 or 2

History of colon problems (including protruding/distended belly)?

Cancer in the last 12 months?

Currently on chemotherapy?

Do you have a thyroid problem?

Do you have high blood pressure?

Abnormal heart condition?

Cardiovascular condition?

Epilepsy?

Iron deficiency?

Pregnant?

Breastfeeding?

Gallbladder removed? Date:_____

Gallstones?

Loss of normal skin sensation?

• Non-Invasive Body Sculptor • Vitamin Specialist •
• Wood Therapy • Radio-Frequency Facials •

jenn-uuine medical history

Back or neck problems?

Infections?

Tumors?

Thrombosis/Phlebitis?

Skin diseases?

Autoimmune disease?

Coffee? How many cups?_____

Alcohol? How much?_____

Fast Food? How often?_____

Soda? How often?_____

Stress? How high? Low Moderate Demanding

Currently dieting? _____

Typical daily foods:_____

Water intake:_____

Please list any medications you are currently taking:_____

_____

I (print name)_____ consent to allow Jenn_uuine to consult with me and evaluate me in order to determine if I am a good candidate for the non-surgical body sculpting procedure/cupping/facial. I understand photographs will be taken and kept in my file.
I agree that all of the above information is true and accurate to the best of my knowledge.

Do you give permission to Jenn_uuine to share photographs/results through social media platforms (personal information will not be shared)? _____

Printed Name :_____

Signature:_____ Date:_____

jenn-uine Possible Risks, Hazards, or Complications

This procedure is a three part system, using high-intensity ultrasound waves to help melt and breakdown fat, followed by vacuum drainage therapy to transport liquified fat to the lymphatic system to be drained out by the body naturally, and lastly, radio frequency to help tighten the skin. Throughout this procedure some patients may experience;

Mild Discomfort

Redness/ tingling

Warmth from the infrared lighting

Temporary swelling/ bruising

These side effects are typically mild.

Body Sculpting is not recommended for those with a history of bleeding disorders, those taking blood thinning medication, individuals who have previously had surgery at the desired treatment site or who have an implanted medical device, such as a pacemaker. Women who are pregnant are advised to postpone their session(s).

Of the three part system, the device producing ultrasound waves operates with heat, and there is a risk of burns. This risk is very rare.

There is also a risk that some individuals may not be satisfied with their end results. A non-surgical procedure is recommended for individuals who do not expect immediate results. With time and multiple sessions results are more desirable.

It is important to keep in mind that this is a non-surgical fat reduction procedure and is meant to help guide you whilst you are maintaining a healthy diet, regular exercise, and staying hydrated. This procedure is for targeted inch loss and not for overall weight loss

Printed Name :_____

Signature:_____ Date:_____

jenn-uuine Covid-19 Liability Release Form

Due to the Pandemic of the Novel Coronavirus (COVID-19), we are taking extra precautions with the intake of each person. We will now be conducting health history reviews and are following new sanitation and disinfecting practices. Please complete the following and sign below.

Common Symptoms of COVID-19 may include (but not limited to);
Dry cough
Fatigue/ Tiredness
Fever
Shortness of breath
Sore throat
Body aches/ pain
Headache
Diarrhea

I,(please print) _____ Agree to the following:

I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the last 30 days.

I understand the above symptoms and I affirm that I, as well as all household members, do not currently have, nor have I experienced the symptoms listed within the last 14 days

I affirm that I, as well as all household members, have not traveled outside the country or to any city outside of our own that is or has been considered a "hot spot" for COVID-19 infections within the last 30 days

I understand that this business and myself cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or the health history provided by each person. Furthermore, I agree to not hold Jenn_uuine responsible/liable if I do contract COVID-19 or any other contagion as I have decided to come here of my own free will.

By signing below, I agree to each statement above and release Jenn_uuinefrom any and all liability for the unintentional exposure or harm due to COVID-19

Jenn_uuine agrees that they abide by these same standards and affirm the same. We also assert that we have impacted and expanded our sanitation protocols to more thoroughly fight the spread of COVID-19 and other communicable conditions.