



Aesthetic Wellness Center

Welcome to WellConsulted and the place to be to transform your body to health and wellness with our Doctor Designed body transformation protocol. At the completion of your initial visit today, you will meet with one of our Doctors, Nurses or a Health Coach to offer you an opportunity to further improve your health and wellness with our complete WellConsulted program of body transformation. Today you may receive the following:

- Consultation with one of our staff to answer questions you may have
- Consultation with one of our Certified Health Coaches or Doctor/Nurse
- Pre Light Therapy body composition measurements
- Body Contour LED Light Therapy Session
- Vibration Plate Therapy Session
- Evolt Body Scan
- Hydro-Therapy Session

After completion of the above prepaid protocol our staff will review options available for you to improve your health and wellness through our non-invasive health and wellness aesthetic services. Our Doctor designed program is changing lives and we hope you are next to enjoy the benefits.

Check off which services are you are interested in learning about:

- Contour Light Therapy to reduce inches, weight and improve health
- InMode Evoke to reduce wrinkles and fat along cheeks and under chin
- Health and Wellness Coaching
- Chiropractic for Back or Neck pain
- Specific Spinal Decompression Therapy to reduce neck or back pain
- Botox and/or Jeuveau Injections
- Weight Loss Injections - Lipo Mix or Semaglutide
- Fillers
- PRP/Microneedling
- HRT (Hormone Replacement Therapy)

Please write or print clearly.

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

Age _____ Height _____ Date of Birth _____

Current Weight _____ Ideal Weight _____

Married Y N Children Y N Occupation _____

How did you hear about us?

Radio _____ TV _____ Magazine _____ Facebook/Social Media _____

Mailer _____ Friend _____ Other _____

Current Symptoms:

Please Check which apply:

- | | | |
|-------------------|----------------------------------|-------------------|
| Fatigue | Diabetes | Self Confidence |
| Back Pain | High Blood Pressure | Herpes Simplex |
| High Cholesterol | Heart Disease | Sciatic Pain |
| OsteoArthritis | Gallbladder Disease | Shoulder Pain |
| Thyroid Disease | Gout | Upper Back Pain |
| Pulmonary Disease | Depression | Headaches |
| Anxiety | Spinal Arthritis | Joint Pain |
| Implants | Skin Cancer | FibroMyalgia Pain |
| Neck Pain | AIDS/HIV | |
| Acne/Eczema | Other Cancer - please list _____ | |

Other Serious illnesses? Please list

Other health concerns:

Allergies _____

Are you happy with your energy level? _____

How often do you eat out each week?

Breakfast _____

Lunch _____

Dinner _____

How many alcohol beverages do you consume weekly? _____

Do you consume coffee? If so, what kind and how much do you drink daily?

Supplements or Medications currently taking - please list

On a scale of 1-10, 10 being completely committed and 1 just curious, what do you rate your level of commitment to improving your health and losing weight or tightening skin?

1 2 3 4 5 6 7 8 9 10

Are you committed to improving how you **LOOK** and **FEEL**? Y N

ADDITIONAL OPPORTUNITY to improve health

Many people who have weight concerns also have back pain concerns. With this understanding and with your prepaid promotion that you purchased, you are now eligible for a consultation and spinal examination with our Chiropractor for only \$99 when paid today.

_____ Yes, I would like to take advantage of this Spinal Examination offer today.

_____ No thank you.

Please continue to the Consent and Release agreement....

Consent and Release of Liability Form, Informed Consent Release, and Indemnity Agreement

First Name

Last Name

Date

Program and Background

You may have requested treatment utilizing Contour Light LED light therapy or InMode Evoke. The Contour Light treatment is the application of a 635nm light, which causes fat within the adipose (fat) cell to leave the cell and accumulate in the cell's interstitial space, utilizing stimulating of its biological function to help the body break down fat. This excess fat is moved by the body's lymphatic system and excreted without negative side effects or downtime. Any medical or cosmetic procedure carries risks, complications, and varied results. The purpose of this document is to inform the client of the nature of this product and its risk. The Evoke treatment induces heating of the dermal and subdermal layers which stimulate a reaction reading to collagen generation and replenishment. The treatment creates a warm sensation over the treated skin surface.

Procedure

Initially you will consult with one of our doctors, nurses, certified health coaches or staff to determine if you are a candidate for the therapy selected. You will have the opportunity to ask questions or voice concerns you may have regarding this treatment. If it is determined you are a candidate for the procedure then paperwork and body composition scan may be performed. Then a suggested course of treatment will

be given. The Contour light treatment is administered by placing LED pads on the desired area(s) to be treated and the optional facial LED Light mask. To get optimal results, a minimum of 12 visits is typically required. This treatment should be used in conjunction with a healthy diet and exercise. You should consult a health care professional before beginning any new exercise program to determine if your body is physically able. Evoke treatments are non-invasive and utilize radiofrequency to generate mild warmth and to stimulate the production of collagen.

Risks/Discomfort

This treatment is non-invasive. During treatment there should be minimal discomfort, if any at all. Body Contouring and Evoke is suitable for anyone over 18. Anyone with any of the following would not be suitable for this treatment: pregnant, breast feeding, kidney or liver disease, cancer, or severe auto-immune diseases, a pacemaker and any digital heart implants or other implants under areas treated. There may be side effects of redness, swelling, heat sensitivity, increased bowel movements and increased urination but this is not uncommon. This is your way of excreting waste by-products from your fat cells. Local side effects from radiofrequency (Evoke) may include local pain, skin redness, edema, hyper or hypo pigmentation and/or scarring. These are rare and expected to be temporary however any adverse reaction should be reported immediately.

Inform Staff:

I agree to inform staff prior to treatment if I have any of the following conditions that make me unsuitable for treatment: Pregnant, Nursing, under age 18, pacemaker or internal defibrillator, glucose monitor, permanent implant in treated area, silicone implants, metal plates or screws under area treated, current or history of cancer, especially skin cancer or pre-malignant moles, AIDS, HIV, Severe epilepsy, liver or kidney disease, recurrent Herpes Simplex in treatment area, any active sores or rashes in treatment area, poorly controlled endocrine disorders such as diabetes or thyroid dysfunction, superficial fillers or botox within last 2 weeks.

Questions and Explanations

By signing below, you certify that this procedure has been explained to you and to your satisfaction and that you have been fully informed of the nature and purpose of the Body Contouring procedure, expected outcomes, and possible complications, and understand that no guarantee can be given as to the final result obtained. You are fully aware that your condition is of a cosmetic concern and that the decision to proceed is solely based upon your expressed desire to do so. Any further questions can be directed to a representative of Wisconsin Spinal Rehabilitation Center or WellConsulted. You further state that you are of lawful age and legally competent to sign this aforementioned release, and that you understand the terms herein is contractual and not a mere recital; you have signed this document of your own free act.

Whole Body Vibration Plate Exercise Risks

Whole Body Vibration Plate Machines are scientifically calibrated exercise machines designed to force your muscles to stretch and contract rapidly in small increments, replicating the same action which occurs during traditional exercising, therefore speeding up the needed exercise time. Vibration exercises use your body weight and gravity to its fullest potential. Please do not use a whole body vibration plate or any other exercise device without getting approval from your doctor if you are in the following group: diabetes with complications such as neuropathy or retinal damage, people who have recently undergone surgery, suffer from epilepsy or migraines, have herniated disks, spondylolisthesis, spondylosis, have cancer or tumors, people with recent joint replacements, or recently placed IUD's, metal pins or plates, or any other

concerns about your physical health. A responsible adult should accompany frail individuals. These contraindications do not mean that you are not able to use a vibration or other exercise device, but we advise you to consult your personal physician first. There is no physician employed by WellConsulted or Wisconsin Spinal Rehab Center.

Assumption of the risks, informed consent and release

As stated above, I recognize there are minimal risks associated with the above described activity and I assume full responsibility for personal injury to myself. I release and discharge Wisconsin Spinal Rehabilitation Center, SC and WellConsulted, LLC and its employees, coaches or contracted vendors of any loss or damage arising out of my use of this facility and treatments.

Voluntary Cosmetic Procedure Acknowledgements:

_____INITIAL I understand that this is a strictly voluntary cosmetic procedure. No treatment is medically necessary or required and Evoke and or Contour Light LED therapy has been chosen by me (the client).

_____INITIAL I have been informed of the potential risks and side effects of Evoke and Contour Light including but not limited to redness, swelling, heat sensitivity, increased bowel movements, and increased urination. The risks, potential damages, and adverse side effects have been explained to me and I fully understand.

_____INITIAL I understand that no guarantee has been given as to the results that may be obtained by this treatment. I have read this informed consent and certify that I understand its contents in full. I have had enough time to consider the information and feel I am sufficiently capable to consent to this procedure. I hereby give my consent to have this procedure. If at any time during the Evoke or Contour Light procedure I experience pain or discomfort of any kind, I agree to inform the staff immediately and/or terminate the session at my discretion.

_____INITIAL I duly authorize the technician/staff/contracted vendor to perform the procedure for the purpose of body contouring, lymphatic drainage, improvement of cellulite, and skin tightening. I am aware that clinical results may vary depending on individual factors, medical history, patient compliance with pre/post treatment instructions, and individual response to treatment. If I do not make an effort to address healthy eating habits and exercise, the results achieved may not be retained.

_____INITIAL I agree and understand that WellConsulted and Wisconsin Spinal Rehab Center and its staff and or contracted vendors does not offer or establish any Doctor/Patient relationship and I should consult my personal physician with any medical and or health concerns I have.

_____INITIAL I understand that not everyone is a candidate for this treatment and results may vary. Therefore, there is no guarantee as to the results that may be obtained and no refunds are provided for services offered.

_____INITIAL I agree that if I miss a scheduled appointment and I do not call to notify staff 24 hours prior that I will not be refunded for that missed appointment.

_____INITIAL I have had sufficient opportunity to discuss my condition and treatment. I believe I have adequate knowledge upon which to base an informed consent for treatment.

_____INITIAL I have reviewed this consent form. My consent and authorization for this procedure are strictly voluntary. By signing the informed consent form, I grant authority to perform the described treatment. The purpose of this procedure, risks and complications have been fully explained to my satisfaction. Cosmetic indications for these procedures include but are not limited to cellulite reduction, treatment of problem fat areas, facial skin tightening, and skin rejuvenation. Increased redness to the area for up to 12 hours may be experienced (although this is unlikely). Normal activities may be resumed following the treatment. I further state that I am of lawful age and legally competent to sign this aforementioned release. The procedures, alternatives and risks have been explained to me and I have been given the opportunity to ask questions. I understand it is my responsibility to inform the staff if there are any changes to my medical history. I understand the terms herein are contractual and not a mere recital. I have signed this document of my own free act.

_____INITIAL I have carefully read, understand and acknowledge all of the above statements.

_____INITIAL Male Clients: All male clients are required to wear shorts in addition to or in place of undergarments.

Package Cancellation Policy

_____INITIAL I have read and understand the Package Cancellation Policy

Purchased packages are non refundable once the program begins. Should you need to reschedule an appointment, please do so 24 hours in advance. Sessions that are canceled without 24 hour notice or no call/no show will result in forfeiting that Evoke, Light Therapy or Coaching session. I have read and understand the Package Cancellation Policy

Compliance Agreement

I, _____(client), should I agree to a program of self improvement, agree to follow the recommendation offered by Wisconsin Spinal Rehabilitation Center and or WellConsulted to achieve goals set forth. In order to provide the highest level of service and to deliver the best results possible, there are specific directions an individual must follow while receiving these treatments. By drinking a sufficient amount of water and stimulating the lymphatic system with some very light exercise, these fatty acids from the fat cell will be transported to the liver. By taking supplements to assist the liver in processing excess fatty acids, less of these aids will return to the fat cells, and the majority of the fatty acids will be directed to the kidneys and eliminated. Additionally, if a healthy diet is followed and a supplement is taken that assists the body in cleansing the liver, less volume will return to the fat cells.

Client Signature

Date

Initial Consult Measurement Record

Name _____ Date _____

	Before	After
Left Tricep (____ inches from elbow crease)		
Right Tricep (____ inches from elbow crease)		
Latissimus Dors (____ inches up from Belly Button)		
Abdomen Top (2 inches above from BB)		
Abdomen Middle (BB)		
Abdomen Bottom (2 inches below BB)		
Left Quadricep (____ inches above knee crease)		
Right Quadricep (____ inches above knee crease)		

TOTALS

Inches LOST today with lights

Office use only