

Body Sculpting & Detox Studio



## APPOINTMENT AND ENGAGEMENT PACKET

Thank you for scheduling an appointment with Captivating Beauty Works Unlimited. We appreciate your business. Please be advised that there are certain forms that must be completed and signed that you must bring with you to your first appointment.

Captivating Beauty Works Unlimited reserves the right to decline your scheduled appointment if you show up for your appointment, but the required paperwork contained in this is not complete on board with the two your first visit.

The following forms are contained in this packet:

- General Consent Form
- Print/Social Media Photo Image Consent Form
- COVID-19 Compliance Form
- Teeth Whitening Waiver Form (if teeth whitening is one of the services you requested)
- Cancellation and No-Show Policy

### CLIENT PROFILE AND MEDICAL HISTORY (Page 1)

Name:	DOB:	Age:	Height:
Address:			
Email:			
Phone:	Emergency Contact (Name/Phone):		
Describe any aesthetic services you've received in the last 6 months:			
Have you consumed at least 3 glasses of water today prior to treatment? ___ Yes ___ No, but I will have some now			
How did you hear about Captivating Beauty Works Unlimited?			

1. Check if you have or had any of the following, if yes briefly explain:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Pregnant<br><input type="checkbox"/> Breast Feeding<br><input type="checkbox"/> HIV/AIDS<br><input type="checkbox"/> Bleeding Disorders<br><input type="checkbox"/> High Blood Pressure<br><input type="checkbox"/> High Cholesterol<br><input type="checkbox"/> Liver Disorders | <input type="checkbox"/> Skin Disorders<br><input type="checkbox"/> Respiratory Disorders<br><input type="checkbox"/> Neurological Disorders<br><input type="checkbox"/> Cardiac Disorders<br><input type="checkbox"/> Lymphatic Disorders<br><input type="checkbox"/> Psychological Diagnosis<br><input type="checkbox"/> Diabetes | <input type="checkbox"/> Pace Marker or Devices in Body<br><input type="checkbox"/> Metals in Body<br><input type="checkbox"/> Seizures<br><input type="checkbox"/> Cancer<br><input type="checkbox"/> Acute illness (cold/flu/diarrhea/etc.)<br><input type="checkbox"/> Other: _____ |
|---|---|--|

2. Describe all surgeries and the year you received them:

3. List all allergies and your reactions:

4. List all medications/herbs/supplements currently or recently taken:

5. List any medical or non-medical condition your technician should be aware of:

6. Specific Appearance problems and treatment goals:

SKIN DESCRIPTION	
Skin Condition: ___ Dry ___ Oily ___ Normal ___ Acne Prone	Ethnicity:
Is your skin fragile or sensitive, if yes describe?	
Do you have problems healing from injury to skin, if yes describe?	
Have you ever had a cold sore?	
Are you primarily inside or outside?	
Do you currently use sun block regularly?	

By signing below, I verify that I am in good physical condition and the information documented is accurate and complete. I have no physical restriction, condition, or disability which may prevent me from receiving the prescribed skin care and/or body treatment therapies. I hereby give my consent to have the recommended procedures performed on me.

\_\_\_\_\_

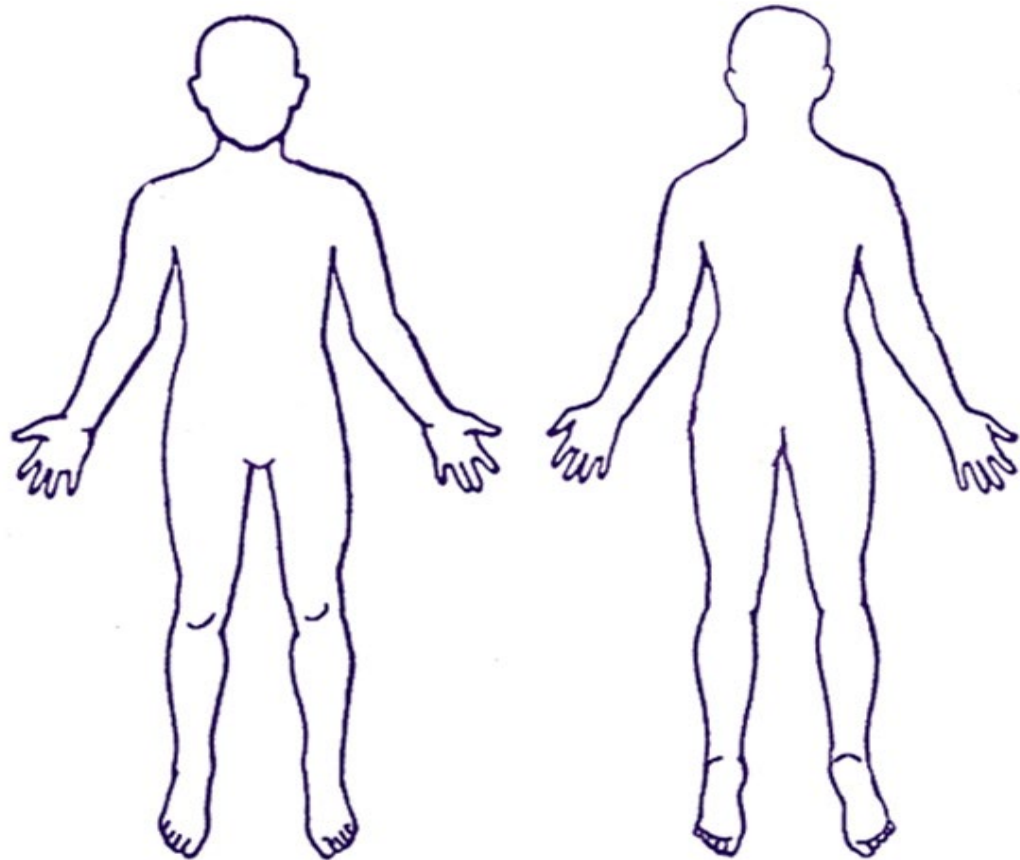
Name of Client

Signature

Date

Front

Back



DATE:		DATE:		DATE:		DATE:	
Weight		Weight		Weight		Weight	
Bust		Bust		Bust		Bust	
Upper ABD		Upper ABD		Upper ABD		Upper ABD	
Lower ABD		Lower ABD		Lower ABD		Lower ABD	
R/L Arm		R/L Arm		R/L Arm		R/L Arm	
R/L Thigh		R/L Thigh		R/L Thigh		R/L Thigh	
DATE:		DATE:		DATE:		DATE:	
Weight		Weight		Weight		Weight	
Bust		Bust		Bust		Bust	
Upper ABD		Upper ABD		Upper ABD		Upper ABD	
Lower ABD		Lower ABD		Lower ABD		Lower ABD	
R/L Arm		R/L Arm		R/L Arm		R/L Arm	
R/L Thigh		R/L Thigh		R/L Thigh		R/L Thigh	

**Informed Consent for Non-Surgical (Page 2)**  
**Body Contouring/Skin Therapies/Vaginal Tightening/Teeth Whitening**

I understand that certain procedure(s) elected are relatively new and little is known about their long-term safety and effectiveness. I understand that each person has a different response to Body Contouring.

I understand that the procedure(s) do not correct health problems, including but NOT limited to diabetes, heart attack, stroke, high cholesterol, blood clots, lung problems, stomach, intestinal problems, bladder disease, an abnormality of the skin. Captivating Beauty Works Unlimited is NOT a medical facility and does NOT make medical decisions. You must consult with your Primary Care Physician for medical advice.

I understand that I may need post procedure care. I will dutifully be responsible and compliant with the recommendations from my Captivating Beauty Works Unlimited clinician, which may include, but are not limited to skin care products, garments, etc.

I understand that procedures involve risk. Risk may include, but not limited to redness, swelling, irritation, burns, skin reactions, etc. I must immediately report any unusual symptoms known to me to my Captivating Beauty Works Unlimited clinician that includes, but NOT limited to being aware of any slight nature or prominence of persistent chills, fever, redness, increased warmth, excessive bruising or swelling, etc. at the sights treated and systematically.

I give Captivating Beauty Works Unlimited permission to use data about my treatment for research purposes. I understand that my name and personal identifying information will remain confidential unless I have written permission to disclose this information. I give Captivating Beauty Works Unlimited professional permission to photograph/video my procedure(s).

I have decided that the benefits of body contouring outweigh the potential for complications and all claims have not been evaluated by any regulatory board. I understand the nature of the procedure(s) and ANY and all possible risks mentioned and not limited to. I attest that I am of clear mind, competent, and not under any distress.

**ALTERNATIVE TREATMENTS**

It has been explained that other temporary and more permanent treatments are available to sculpt, contour, tone, exfoliate, clean and detoxify the body. Alternative forms of management include receiving NO treatment at all. If treatment is chosen alternative body sculpting therapies and other services offered include the following: Lipo Laser, Ultrasound Cavitation, Vacuum Therapy, Electrotherapy, Vibration, Cold/Hot Wraps, Infrared Rays, Reduction Massage, Lymphatic Drainage, HIFU Vaginal Tightening, Teeth Whitening, Topical Skin Therapies i.e. gels, creams, oils, facials etc. Surgical options include Liposuction, Tummy Tucks, Fat Transfer, Muscle Repair etc. I understand that risk and potential complications are associated with these and alternative forms of non-surgical and surgical treatments.

**CANCELLATION POLICY**

If there is a need to cancel for any reason, we ask for a 24-hour notice. "NO SHOW" for appointments made outside of normal business hours WILL result in a \$50 service charge deductible from prepaid service package. Remaining balance will be applied towards next service appointment with regards to TIME LIMITS FOR SERVICE AGREEMENT. \_\_\_\_\_(Initial)

**TIME LIMITS FOR SERVICE**

Specials, Flash Sales & Promotional Priced Services MUST BE completed within 30 days of purchase date. \_\_\_\_\_(Initial)  
Regular Price Services MUST BE completed within 60 days of purchase date. \_\_\_\_\_(Initial)

RELEASE OF LIABILITY (Continued from Page 2)

I herein certify that I am not pregnant or nursing. \_\_\_\_\_(Initial)

I understand that NO GUARANTEES OR WARRANTIES have been made to me regarding the outcome or any improvements to my condition due to the procedure(s) I have elected to undergo. I am paying for a service and not desired results from treatments. I have been given the opportunity to ask questions and have received satisfactory answers to those questions by the treating staff representative. \_\_\_\_\_(Initial)

I consent to the taking of photographs/video for documentation during my treatment(s) unless otherwise stated with written notice to Captivating Beauty Works Unlimited. These photos may be used for marketing and/or publication for the further benefit of educating the public. All attempts will be made to protect my identity. \_\_\_\_\_(Initial)

I agree to indemnify, hold harmless and release Captivating Beauty Works Unlimited, its employees, members, representatives, affiliated organizations, and others acting on the Company's behalf of all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated. I further agree that in except in the events of the Company's gross negligence or willful misconduct, no claims, demands, legal actions and causes of action shall be made against the Company for any economic and non-economic losses of any kind. \_\_\_\_\_(Initial)

Finally, I certify that I have read and fully understand the contents of this form and that the disclosures referred to the above were made prior to my signing the form below. \_\_\_\_\_(Initial)

**NOTE: NO REFUND OR RETURN POLICY. ALL SALES ARE FINAL – NO EXCEPTIONS**

I ACKNOWLEDGE THAT I HAVE HAD A FAIR OPPORTUNITY TO ASK QUESTIONS ABOUT CAPTIVATING BEAUTY WORKS UNLIMITED'S PROCEDURES FOR BODY CONTOURING AND THE ALTERNATIVE TREATMENTS AVAILABLE. I ALSO ACKNOWLEDGE THAT MY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION. I UNDERSTAND AND ACCEPT THE POTENTIAL RISKS AND COMPLICATIONS INVOLVED.

\_\_\_\_\_  
Name of Client

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Body Sculpting & Detox Studio



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## PRINT/SOCIAL MEDIA IMAGE USAGE CONSENT FORM

By signing below, I hereby irrevocably authorize and release Captivating Beauty Works Unlimited to use my image (as a client/patient receiving services to be rendered and/or that has been rendered) in printed media, video and/or photographic media, and on social media (internet, Facebook, Instagram, etc).

This consent applies to and includes the following services to be rendered and/or that has been rendered:

- Lipo-Cavitation (Fat-Melting)
- Skin Tightening
- Sauna Detox Blanket
- Wood Therapy
- Teeth Whitening
- Butt Lift Enhancement
- Cellulite Reduction

I agree and consent that the usage of such photographs will be used solely for Captivating Beauty Works Unlimited to showcase, demonstrate, and indicate the process, timeline, procedures, and outcome of the use and application of the above-mentioned processes and services as I have received them.

If this agreement is not signed, it will serve as an indication to captivating beauty Works Unlimited that I am NOT authorizing the use of any photo or video image taken of me to be used for any promotional purposes of captivating beauty Works Unlimited in any way shape or form whatsoever.

Captivating Beauty Works Unlimited client/patient printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_

# COVID-19

## (Consent Form)

Due to the Pandemic Crisis of our nation, we still want to keep each other protected. As a Spa Professional, clients will be asked these questions before his or her services. Please provide your honest accurate answer to each question. This is applied towards the healthcare professional as well.

Procedure and Questionnaire for clients booking or checking in for services:

Each client will be checked for temperature with a forehead thermometer. If your temperature is lower than 100.4, we will proceed with the services. If not and your temperature is above 100.4, we will politely ask the client to please reschedule his or her appointment.

Thank you for visiting us for your appointment. We value your health and well-being as well as an associate of (Insert your spa name here) If you have experienced flu-like symptoms in the past 14 days, it may be best to reschedule your appointment. Receiving services today could possibly enhance the symptoms and we want you to feel your best after the services.

Please answer the following, answering yes does not necessarily mean a reschedule is needed, I hope you have a great session.

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Have you experienced symptoms associated with the coronavirus or COVID-19 in the last 14 days? Yes/No
2. Have you experienced any flu-like symptoms in the last 48hours? Yes/No
3. Have you traveled internationally in the last 14 days? Yes/No
4. Have you been in contact with individuals who have traveled internationally in the last 14 days? Yes/no

Captivating Beauty Works Unlimited Technician Signature:

\_\_\_\_\_

## TEETH WHITENING SERVICE – WAIVER FORM

PLEASE PRINT CLEARLY

Name:	_____	Date:	_____
Address:	_____	Starting Shade:	_____
Apt. #:	_____	End result shade:	_____
City:	_____	Postal Code:	_____
Phone:	_____	Fax:	_____
Location:	_____	Email:	_____

### EXPECTATIONS:

- People with healthy teeth and gums but who have stains or a yellowish tint seem to get the best result.
- You will not experience any heat or discomfort. On some occasions, you may feel a little tingling or perhaps a slight sensitivity. Teeth and/or gums may be sensitive for a short time after treatment.
- You may see temporary bleaching to the gums but this is normal and will disappear, usually in less than a day.
- Your teeth will never be whiter than your genetic traits.
- All teeth bleach differently. Possible white spots or demineralization may appear on people who have had braces or who have porous enamel, but this will disappear within 24 hours.
- The treatment will not whiten or damage veneers, crowns or false teeth.

### EXCLUSIONS FOR TREATMENT (Please answer the following):

- |  |  |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have allergies or reactions to either carbamide, peroxide or glycerin.                             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have existing tooth decay, periodontal disease or gingivitis.                                      |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are photosensitive to light or on any photosensitive drugs.  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are pregnant, suspected of being, or are breastfeeding.  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Under the age of 18.   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have had oral surgery or extractions within the last 28 days.                                      |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are wearing a piercing or metal object in the oral cavity. (Please remove, as they may turn black) |

Products containing peroxides are not recommended for use by children under 12 years of age. Use for periods of longer than 14 days is to be only under the supervision of a dentist. If irritation (such as redness, swelling soreness) of the gums or the mouth occurs, discontinue use and consult a dentist. Avoid direct contact of the active surface of the tooth whitening product with the gums and/or salivary flow. Avoid contact of the product with the eye.

### AFTERCARE AND FOLLOW-UP:

For a minimum of 24 hours after the process, please avoid consuming coffee, tea, dark colored soda, red wine, curry, beetroot and other food or drink that would stain the teeth. A good rule of thumb is; if it would stain a white shirt it could stain your teeth. If your teeth are sensitive you can use desensitizing toothpaste for relief. Of course, we suggest that you brush and floss as directed by your dentist. There is no guarantee as to the longevity of the results therefore we recommend our take home kit.

Signature: \_\_\_\_\_

Preferred Method of Payment: ☐CREDIT ☐DEBIT ☐MC ☐VISA ☐AMEX ☐PAYPAL ☐CASH APP ☐CASH



## CANCELLATION AND NO-SHOW POLICY

### **Appointments**

Please note that ALL SERVICES are rendered at our studio by a scheduled appointment only. First-time clients should arrive on time for at least 5 to 10 minutes early to complete paperwork. Any appointment be asked to reschedule at the owner's discretion.

### **Cancellation**

If the client is unable to keep an appointment, we ask that they cancel as early in advance as possible, so that we can make that time slot available to another client.

### **Last-Minute Cancellations**

A last-minute cancellation will be considered a "no-show" and will be billed a \$25 cancellation fee.

### **Missed Appointments (Not Canceled)**

A "no-show/late cancellation" is defined as missing an appointment without canceling at least 25 hours in advance. There will be a charge of \$25 due before your next appointment.

### **Children and Guests**

No children or guests are allowed while the client is being served. The children and/or wandering guests that enter the client service area (S) will result in a voiding of your appointment, and a cancellation fee will be charged.

### **Acknowledgment of Cancellation/No-Show Policy**

I acknowledge I have read the above notice and understand that if I failed to give the requirements of cancellation, I will be billed a \$25 appointment fee due before the next appointment is scheduled.

Captivating Beauty Works Unlimited client/patient printed name:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_