



Uniquely Morgan's Body Contour
New Client History

Name: _____ Date: _____
Address: _____ Birth Date: _____ Sex: M F
City: _____ State: _____ Zip code: _____
Cell Phone: _____ Home Phone: _____ Work phone: _____
Email: _____ Occupation: _____
How did you hear about us? _____
What are your main area(s) of focus your problem area(s)? _____

Medical History

Do you have any chronic medial conditions which I should know about? Yes or No
If so, please list: _____

Do you have any allergies to latex, medications, herbal, or natural supplements? Yes or No?
If so, please list: _____

Do you have, or have you had any changes in medical history recently? Yes or No?
Explain: _____

Do you have Hearing ads, Pacemaker, or Hormone Pellets (where) or metal/medical devices implants? Yes or No
Explain: _____

Do you have type 1 or 2 diabetes? Yes or No
List all current Medications including Vitamins: _____

Do you have or have you had Cancer in the last 12 months? Yes or NO
If yes, are you currently on chemotherapy? Yes or No

Do you have a Thyroid Problem? Yes or No

Do you have High Blood Pressure or Cardiovascular Conditions? Yes or No

Women Only, Are you currently pregnant or nursing? Yes or NO

Please give us your Current Weight: _____ Height: _____

Goal Weight: _____

What is your Ethnic Background? _____

Circle which applies to you: Epilepsy Infections Tumors Skin Diseases
Loss of normal skin sensation Thrombosis/phlebitis Autoimmune Disease

Neck? Back Problems: _____

Gallbladder removed? Yes or NO

History of Gallstones? Yes or No

History of Liver problems? Yes or NO

Are you currently dieting? Explain: _____

History of Colon problems including protruding/ distended belly? Yes or No

Explain: _____

Have you had surgeries? Yes or no

Typical Daily foods and drink intake?

Water: How many glasses _____

Coffee: _____

Alcohol: How much _____ How often _____

Fast Food: Type _____ How Often _____

Soda or Carbonation: Type _____ How Often _____

Tabacco Use: Yes or NO Recreational Drugs: Yes or No

Stress Level: Moderate Y/N Average: Y/N Demanding Y/N

Cancellation Policy:

If there is a need to cancel for any reason, ask for a 24 hour notice. Please understand that when you do not cancel or show up for a appointment, it is a cost to us. If you cannot provide us with a 24 hour notice we will have to impose the following fees:

“ No shows” for session:

“Loss of that treatment in your treatment package

Same day cancellation:

“\$50.00 charge before your next scheduled treatment.

I _____ have read and understand the cancellation policy of Royal pampering day spa /Uniquely Morgan’s body contouring and agree to abide by the above conditions.

I (print name) _____ consent to allow Royal pampering day spa/Uniquely Morgan’s staff members to consult with and evaluate me in order to determine if I am a good candidate for the Non-surgical Body Contouring Program. I understand that photographs and measurements will be taken and kept in my file.

Yes, I agree that these forms have been completed truthfully and to the best of my knowledge/abilities.

Signature: _____ Date: _____

Signature: _____ (if minor, parent’s signature)

Date: _____