



7575 Dr. Phillips Blvd. #155 Orlando, FL 32819
407-574-8383

UltraSlim Health History & Treatment Goals

The following confidential medical information will be property of About Face Ink LLC. This is required for the benefit and safety of the client in obtaining any and all procedures performed by About Face Ink LLC. Please read and fill out the information carefully. We hope your experience will be a pleasant one and we thank you for your cooperation:

NAME: _____ DOB: _____ Age: _____

EMAIL: _____

ADDRESS: _____

PHONE: _____ Cell / Landline Alt Phone: _____ Cell / Landline

Cell phone provider _____ (So you can receive a reminder text about your appointments).

How did you hear about us? _____

Would you like to be informed of any specials, discounts or events in the future? Yes /No

ARE YOU CURRENTLY UNDER REGULAR THE CARE OF A PHYSICIAN? Yes/ No

IF YES WHY? _____

PHYSICIAN NAME: _____

Phone Number _____

List any current medical problem or any current medical treatments: _____

List any health conditions you previously had - Be sure to include any cancer, liver problems, or thyroid

conditions: _____

Check Any Condition You Previously Had Or Currently Have

Pregnant, Now Or Trying	Yes	No	Chicken Pox	Yes	No
Kidney Problems	Yes	No	Diabetes	Yes	No
Dr. Said You Should Avoid Light?	Yes	No	Active Cancer Within 1 yr	Yes	No
Lupus Erythematosus	Yes	No	Heart Disease	Yes	No
Pneumonia	Yes	No	Thyroid Disease	Yes	No
Rheumatic Fever	Yes	No	Influenza	Yes	No
Polio	Yes	No	Pleurisy	Yes	No
Tuberculosis	Yes	No	Epilepsy	Yes	No
Whooping Cough	Yes	No	Liver Problems	Yes	No
Anemia	Yes	No	Autoimmune disease	Yes	No
Measles	Yes	No	Albinism	Yes	No
Mumps	Yes	No			

Health Habits

Exercise	Sedentary (No exercise)
	Mild exercise (i.e., climb stairs, walk 3 blocks, golf)
	Occasional vigorous exercise (i.e., work or recreation, less than 4x/week for 30 min)
	Regular vigorous exercise (work or recreation 4x/week for 30 min)

Staff Notes:

Diet	Are You Dieting?	Yes	No
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Staff Notes:

Water	None	Flavored Water	Seltzer Water
# of oz. per day			

Caffiene	None	Coffee	Tea	Cola
# cups/cans per day				

Please Note - Caffine Consumption is discouraged during treatment

Alcohol	Do You Drink Alcohol?	Yes	No
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Alcohol Consumption will have a GREAT impact on your results. Do not to drink any alcoholic beverages for the duration of your treatment plan and up to 4 days after your last treatment. Alcohol ties up your liver for about 1-2 hours, making it unavailable for processing your liberated fat. For best results also avoid fatty foods, ibuprofen, acetaminophen and other substances which strain your liver.

Describe your drinking habits. Include frequency and amount consumed on a regular basis:

LIST ALL MEDICATIONS, BOTH PRESCRIPTION AND OVER THE COUNTER, THAT YOU ARE CURRENTLY TAKING

Name the Drug and Strength	Reason You Are Taking	Frequency Taken

Do any of these medications make you photo sensitive? (Light Sensitive) Yes / No

Have you prepared for this treatment by providing nutritional support to your liver with supplements or herbal tea? Yes / No

LIST ALL NUTRITIONAL SUPPLEMENTS OR NUTRITIONAL HERBAL TEAS YOU ARE CURRENTLY USING

Name of Supplement and Strength	Reason You Are Taking	Frequency Taken

What are your treatment goals? _____

How will you know when you have accomplished your goal? (I.e., I'll feel better in my clothes, I'll go down 1 pant size, I'll notice less cellulite, etc. Be as specific as you can.)

How did you learn about this service? _____

This Section - Women Only

Are you still having monthly menstruation? _____

If so, what was the start date of your last menstruation: _____

Period every _____ days?

Are you pregnant or breastfeeding? Yes / No

Are you trying to get pregnant? Yes / No

Informed Consent:

Initials _____ I grant permission to About Face Ink LLC to use photographs taken of me in connection with UltraSlim treatments.

Initials _____ I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

Initials _____ I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

Initials _____ I understand this is an elective, cosmetic procedure and that the prescribed series of treatments is required to achieve desired results. I ASSUME ALL RISKS AND ACKNOWLEDGE THAT NO GUARANTEE HAS BEEN MADE TO ME CONCERNING THE RESULTS OF THIS PROCEDURE. I understand About Face Ink, LLC makes no attempt to, or claim to, practice medicine.

Initials _____ I understand that I must follow the pre- and post-treatment regimen. Failure to follow the outlined Client Protocol may result in failure to achieve the desired results.

Initials _____ I am not now, and nor do not expect to become pregnant during the course of my treatment.

Initials _____ The staff has explained and I have read the information online regarding the procedure and its risks, benefits and alternatives, including not doing the procedure, and has answered all my questions.

Initials _____ I understand I have access to a copy of this document at aboutfaceink.com. I have received satisfactory answers to all of my questions. I consent to treatment, and agree to the terms herein. This is the entire agreement. I understand that, to be effective, any modifications or special terms herein require approval in writing by an officer of About Face Ink, LLC.

About Face Ink, LLC Refund Policy

The participant is expected to comply fully with the Ultra Slim treatment plan. Non-compliance to the plan may result in About Face discontinuing this plan. If unforeseen circumstances cause a break or gap in the treatment plan, a new treatment plan and time period with related fees will be discussed. This treatment plan is for an estimated number of treatments and time period.

This is not in any way a guarantee of results. Many clients get great results, some get marginal results, a few get no results. Some clients will require more treatments than the original recommendation to get more results.

Refunds are calculated on an un-discounted price per-treatment received value, plus a \$495 administrative fee. Any no show or cancelled appointments will be calculated as received. Sessions must be replaced at full price and require payment in full at the time of scheduling.

Third Party Purchases: About Face is not responsible for any refunds regarding purchased vouchers or coupons through a third party website. If you are medically unable to proceed with the treatment purchased, we will do our best to call the merchant and support the request for your refund.

I have fully read and understand the refund policy of About Face.

Client Name - Print

Client Signature

Date

About Face Signature