New Patient Intake Form

Congratulations on taking your first step towards reaching your weight loss and aesthetic goals. Today you will be qualified based on several factors including medical history and your level of commitment to achieving your desired results. During today's consultation we will evaluate your areas of concern and see if you qualify for one of our treatment programs. Your success relies on your dedication and compliance during your short time with us.

Purpose for Baseline Test - Demo Session:

1. Perform baseline test to determine your body's response and absorption to laser light energy.
2. Demonstrate effectiveness of our technology. Treatment protocols are individualized and specific, your program will be determined after baseline test to assure maximum results.

Demo Session Qualifications:

- Serious Candidates only.
- Must be at least 18 years of age or older.

If selected: (check appropriate box)

	I would like to start a program today.
	After qualification, demonstration, and all my questions have been answered. I'm willing to move forward with treatment options that meet my needs and budget.
	I am not interested in starting a program.

I consent to receiving a health screening. I realize that I am not receiving a diagnosis, treatment or prognosis for any medical or other condition that I may be experiencing. I acknowledge that I am receiving a demonstration only and agree to hold harmless the facility, owners, employees and any subsidiaries from any damage resulting from this demonstration. I understand and accept that visual documentation (photo and/or video) is necessary for evaluation, program monitoring and marketing. I hereby release and hold harmless this clinic and invisa-RED™ Technology from any reasonable expectation of privacy or confidentiality associated with the images and/or videos specified above. I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type.

Print Name: _____

Signature: _____ Date _____

New Patient Interview	**Date**
Print Name	
Address	
Phone	Email

Date of Birth	□ Female □ Male
Marital Status □ Married □ Single	
Are you the primary decision maker / purchaser in your household? □ Yes □ No	

Current Medical Conditions, Disorders and Diseases

□ Cancer	□ Cardiovascular	□ Vascular	□ Autoimmune
□ Pregnant / Nursing	□ Epilepsy	□ Insulin Dependent	□ Skin
□ Surgically Implanted Electro-stimulation devices		□ Use of Medication that causes Photo-Sensitivity	
□ Endocrine System		□ Tattoo with metallic ink	

Please check all symptoms that have applied to you in the last 60 days

□ Fatigue	□ Back / Neck pain	□ Inability to lose weight
□ Sleeping difficulties	□ Digestive problems	□ Stress
□ Restricted activities	□ Irritable	□ Depression / Anxiety
□ Shoulder / arm pain	□ Leg / Foot pain	□ Headaches / Migraines
□ Other		

Personal Goals

□ Change your Body	□ Increase strength
□ Lower Blood Pressure	□ Reduce Stress
□ More confidence	□ More energy
□ Sleep Better	□ Other

Select Program(s) of interest

□ Weight Loss	How Much
□ Body Contouring	Area of concern
□ Cellulite	Area of concern
□ Stretch marks	Area of concern
□ Skin tightening	Area of concern

Please Answer the Following Questions	
Weight 1 year ago	Weight 5 years ago
How much did you weigh when you were most comfortable with yourself?	
What has had the biggest impact on your current weight condition?	

Over your lifetime how many diets / exercise programs have you tried?
Do you smoke? □ Yes □ No If yes how many packs per week
Drink Alcohol? □ Yes □ No If yes how many drinks per week
How often do you eat out? times per week
Please list potential obstacles: □ None □ Time □ Budget □ Commitment □ Spouse / Partner □ Other (please explain)
How long have you been thinking about achieving your goals? □ 1 mo. □ 3 mo. □ 6 mo. □ 1 year or more
On a scale from 1 to 10, how serious are you about accomplishing your goals? **Not Serious** □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10 **Most Serious**
How will accomplishing these goals change your life?

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Height _____	Age _____
Body Weight _____ lbs.	Body Fat _____ %
Body Weight x Body Fat % =	Pounds of Body Fat _____ lbs.
Body Weight - Pounds of Body Fat =	Pounds of Lean Weight _____ lbs.
Skin Tone: □ Light □ Medium □ Dark	Eligible for Cellulite / Contouring □ Yes □ No

BASELINE TEST - CONSULTATION SETTINGS

Time Setting: 15 minutes	Pulse Setting: 3.5	Delay Setting: 0.2
Energy Setting: □ Light Skin Tone - 6 □ Medium Skin Tone - 4 □ Dark Skin Tone - 2		

Pre-treatment Measurements	Mid-waist	Upper-waist	Total inches
Post-treatment Measurements	Mid-waist	Upper-waist	Total inches
Baseline Results	Inches lost	Inches lost	Total inches lost

***Stretch-marks: Apply paddle to half of the stretch-mark only! Take a photo before and after**