# Slimming Wraps & Alkaline Body Wraps Consultation Form

## Provided by Aesthetic Amore

### Client Information

|  |  |
| --- | --- |
| Full Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of Birth: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone Number: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### Medical History

|  |  |  |  |
| --- | --- | --- | --- |
| Condition | Yes | No | Comments |
| Cardiovascular issues or pacemaker | ☐ | ☐ |  |
| Pregnancy or breastfeeding | ☐ | ☐ |  |
| Diabetes or blood sugar concerns | ☐ | ☐ |  |
| Allergies to lemons, bicarbonate of soda, or other ingredients | ☐ | ☐ |  |
| Skin sensitivities or open wounds | ☐ | ☐ |  |
| Recent surgeries (within 6 months) | ☐ | ☐ |  |
| Active skin conditions (e.g., eczema, psoriasis) | ☐ | ☐ |  |
| Use of anticoagulants or blood-thinning medications | ☐ | ☐ |  |
| Varicose veins or circulatory issues | ☐ | ☐ |  |
| Thyroid or hormonal imbalances | ☐ | ☐ |  |

### Current Lifestyle and Goals

|  |  |
| --- | --- |
| How often do you exercise? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you follow a balanced diet? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you consume alcohol? (Frequency) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you smoke? (Yes/No) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What are your goals for this treatment? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have any specific areas of concern? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### Pre-Treatment Checklist

|  |  |  |  |
| --- | --- | --- | --- |
| Requirement | Yes | No | Comments |
| No active infections or open wounds on the body | ☐ | ☐ |  |
| No recent body treatments or tanning (within 48 hours) | ☐ | ☐ |  |
| No known allergies to lemons or bicarbonate of soda (alkaline wrap) or any of the herbal ingredients (slimming wrap) | ☐ | ☐ |  |
| Skin is clean and free of lotions or oils | ☐ | ☐ |  |
| Client is well-hydrated before the session | ☐ | ☐ |  |

### Consent

|  |  |  |
| --- | --- | --- |
| Consent Statement | Yes | No |
| I confirm that I have provided accurate medical and lifestyle information. | ☐ | ☐ |
| I understand that Slimming Wraps and Alkaline Body Wraps involve the application of natural ingredients such as lemons and bicarbonate of soda. | ☐ | ☐ |
| I am aware of potential side effects such as redness, irritation, or discomfort during or after the treatment. | ☐ | ☐ |
| I understand that results vary and multiple sessions may be required for optimal results. | ☐ | ☐ |
| I consent to photographs being taken for medical records (☐ Yes / ☐ No) and/or marketing purposes (☐ Yes / ☐ No). | ☐ | ☐ |

### Signatures

|  |  |  |
| --- | --- | --- |
| Client Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Practitioner Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### Post-Treatment Instructions

• Avoid washing off the wrap's residue for at least 4 hours post-treatment.  
• Stay hydrated by drinking plenty of water.  
• Avoid heavy meals, alcohol, or caffeine for 24 hours.  
• Wear loose, comfortable clothing to avoid irritation.  
• Follow all aftercare instructions provided by your practitioner.