



Evolution Chiropractic and Wellness

Lipo-Light

BODY CONTOURING

Your success is our #1 priority.

Help us to help you achieve that success by filling out this questionnaire as completely as possible.

Name: _____ Date: _____

Address: _____ Zip: _____

Home#: _____ Work#: _____

Cell#: _____ Email: _____

Height: _____ Weight: _____ Age: _____ Sex: _____

Occupation: _____ DOB: _____

Favorite Hobbies: _____

Do you feel stress (explain)? _____

Are you currently under the care of a physician? Y / N _____

Do you exercise? _____ How often? _____

What type? _____

What do you expect from your **Lipo-Light** treatment? _____

Why did you choose us for **Lipo-Light** treatment? _____

Dr. Nadia Emen, D.C.
805-665-3545
4601 Telephone Road, Suite 110, Ventura, CA 93003
drnadia@evolutionchiropracticandwellness.com
www.evolutionchiropracticandwellness.com

If you were referred by one of our former clients, please tell us who we can send a Thank You note to: _____

WEIGHT LOSS:

How long have you been overweight? _____

**How much weight have you decided to lose? _____

How many times have you failed at weight loss? _____

**Does your weight cause any physical discomfort in any of these areas?

| | | | | |
|------|----------|------------|------------|-----------|
| Knee | Shoulder | Hand/Wrist | Elbow | Hip |
| Neck | Mid-back | Low back | Ankle/Foot | Headaches |

**Does your excessive weight limit you and your activities (explain)?

Do you eat because of emotions (explain)? _____

Are you embarrassed about your weight? _____

Is successful weight loss a top priority (explain)? _____

**What new activities will you become involved in after losing weight?

How fast do you want to be thin, trim, and fit? _____

Does your family support your weight loss efforts? _____

Do you feel tired, run down, and out of energy? _____

Has being overweight caused you pain and suffering (describe physical and emotional pain)? _____

Rate each item below 1 through 4 (1 being the most important and 4 being the least) in deciding to use our services:

Effectiveness (your results) _____

Time (how fast you get results) _____

Service (how we respond to your needs) _____

Affordable (what we charge) _____



Evolution Chiropractic and Wellness

Lipo-Light

BODY CONTOURING

Informed Consent for Lipo-Laser & Whole Body Vibration Form

- I hereby request and consent to the performance of Lipo-Light and whole body vibration exercises on me which have been recommended by Evolution Chiropractic and Wellness.
- I understand that results may vary from person to person and that there can be no guarantees as to the timetable of any weight loss system.
- By signing below, I am stating that I currently do not have any of these medical conditions: Pregnancy, Epilepsy, Uncontrolled Hypertension, Pacemaker, Cancer (Presently), Undergoing Radiation Therapy, Liver/Kidney Disease, Thyroid Gland Dysfunction, Metal Plates and/or Pins, Medical Edema, Immune Suppressed, Cardiac Arrhythmia or Heart Disease, Nursing, Lymphatic Disorders, Hip Implants, Recent Surgery, Photosensitivity, and/or Vertigo.
- If there are any changes in my medical history, current medical conditions, and/or changes relevant to this procedure, I will inform my practitioner prior to any future treatments.

I have read the above and I agree to accept the risk of this procedure. All my questions have been answered to my satisfaction. I agree to release the facility and the practitioner from any liability arising from the procedures. I consent solely to arbitration as a legal means of settlement.

Client: _____ Date: _____

Print Name: _____

Facility: Evolution Chiropractic and Wellness

Dr. Nadia Emen, D.C.
805-665-3545
4601 Telephone Road, Suite 110, Ventura, CA 93003
drnadia@evolutionchiropracticandwellness.com
www.evolutionchiropracticandwellness.com