SHANTI LIFE

CLIENT INTAKE & WELLNESS DISCLOSURE

Ciient Information

Full Name: _____ Date of Birth: _____

Phone Number _____ Email _____

Medical History & Wellness Check

Please answer the following honestly and check any that apply:

- ☐ Heart condition or pacemaker
- ☐ High or low blood pressure
- ☐ Diabetes
- ☐ Cancer or history of cancer
- ☐ Epliepsy or seizures
- ☐ Skin conditions (eczerma, psoriasis, infections)
- ☐ Metal implants or surgical pins/plates
- ☐ Varicose veins
- ☐ Varricose veins
- ☐ Blood disorders or clotting issues
- ☐ Pregnancy or breastfeeding
- ☐ Allergies (including to gels, oils, or adliesives)
- ☐ Autoimmune disease
- ☐ Thyroid issues
- ☐ Mental health conditions (anxlety, PTSD, etc.)

If any items are checked, plese provide _____

_____

Wellness Goals

What are your primiary res for seeking treatment?

- ☐ Body conteuring
- ☐ Skin Eghtening
- ☐ Detox/relaxation
- ☐ Facial rejuvenation
- ☐ Lymphatic drainage

Areas of concern or focu(e.(.g.. arms, belly, thighs, face)

☐ Low ☐ Modera High

How ave nad res@rvingraidration?

Lrus/No _____