



**INNOVATIVE
BODY CONCEPTS**

490 Post St. #239, San Francisco, CA 94102
901 Campus Dr. #313, Daly City, CA 94015

Registration and Consent Form

Name: _____ **Company:** _____

Home#: _____ **Work address:** _____

Cell#: _____ _____

Work#: _____ **Home address:** _____

Social Security#: _____ _____

(Please circle your best contact #) **DOB:** _____ **Height:** _____ **Weight:** _____

Email: _____ **Referred by:** _____

Emergency contact person and telephone #: _____

Face/ Neck:	Body:
Please mark all procedures done in the past and present	Please mark all procedures done in the past and present
When? Remarks	When? Remarks
__ Botox _____ _____	__ Liposuction _____ _____
__ Fillers _____ _____	__ Tummy tuck _____ _____
__ Laser _____ _____	__ Cesarean _____ _____
__ Surgery _____ _____	__ Surgery _____ _____
Areas of concern (by priority): _____	Areas of concern (by priority): _____

Medical History (Please mark all that apply; additional information if necessary):

- | | |
|---|-----------------------------|
| __ Currently Pregnant _____ | __ Water Retention _____ |
| __ Menopause _____ | __ Epileptic seizures _____ |
| __ Headaches _____ | __ Recent Operations _____ |
| __ Spinal pain _____ | __ Anorexia _____ |
| __ Allergies _____ | __ Bulimia _____ |
| __ Fibroids/ Tumors _____ | __ Claustrophobia _____ |
| __ Pacemaker _____ | __ Skin Conditions _____ |
| __ Metal implant _____ | __ Digestion problems _____ |
| __ Varicose veins _____ | __ Thyroid problems _____ |
| __ Sensitivity to electrical treatments/Pacemaker _____ | |
| __ Medical Diagnosis _____ | |
| __ Medications: _____ | |

USE OF COFFEE, TABLE SALT, TOBACCO/CIGARETTES AND ALCOHOLIC BEVERAGES CAN AFFECT THE REJUVENATION PROCESS. PLEASE INDICATE IF ANY OF THE FOLLOWING APPLY TO YOU.

ITEM	NEVER	OCCASIONAL (1-3 times/week)	MODERATE (Daily)	FREQUENT (Multiple times/day)
Coffee	_____	_____	_____	_____
Salt	_____	_____	_____	_____
Smoking	_____	_____	_____	_____
Alcoholic Beverages	_____	_____	_____	_____
Prescription Drugs	_____	_____	_____	_____

INFORMED CONSENT: I hereby authorize the administration of face, skin, and/or body rejuvenation procedures using the non-surgical Facial and Body Sculpting devices. Facial and Body Sculpting involves the use of conducting probes, gloves, and plates, which emit nano and/or micro current through the skin and body, causing muscle contractions. I also authorize the administration of the BrainCore program. On very rare occasions, procedures may result in a temporary headache, muscle soreness, and/or fatigue.

Individual results may vary. No guarantee, warranty or assurance has been made to me as to the results that may be obtained. Multiple treatments are necessary for desired results. Most patients require a number of treatments over several months with gradual results occurring over a period of time. No refunds will be given for treatments received and/or paid for in advance. I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment.

The nature and purpose of the treatment has been explained to me thoroughly and any questions regarding the treatment have been explained to my satisfaction. All questions above have been answered truthfully by me and I understand that some conditions may be contra-indicated to receiving light therapy, BrainCore, and Face and/or Body Sculpting procedures.

I, _____, hereby release Dr. Sherry Fong, D.C., Innovative Body Concepts staff & owners, and any specialized technicians from any and all liability associated with treatments involving the Face and Body Sculpting procedures, light therapy, Chiropractic, laser treatments, BrainCore as well as any other modalities incorporated. I certify that I am a competent adult of at least 18 years of age. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and/or assigns.

Client Signature _____

Date _____

Print Name _____

Provider _____

Dr. Sherry Fong, D.C. _____