



General Service(s) Intake Form

Date: _____

Name: _____ DOB: _____ Age: _____

Address: _____

Phone: _____ Email Address: _____

How did you hear about us?

1. Are you under any medica@on? If so, please indicate? _____

2. Are you currently taking any form of birth control? _____ If so, please indicate: _____

3. Are you currently pregnant or on your cycle? _____

4. Do you have any allergies? _____ If so, please indicate: _____

5. Have you had any previous body sculp@ng treatments? _____ If so, please indicate
(include when this occurred): _____

6. What are your ea@ng habits? _____

7. Do you work out (i.e. sit ups, squats, cardio)? _____



8. Do you have or wear a waist trainer? _____ If so, how often? _____

9. Do you have or wear a butt lifter? _____ If so, how often? _____

10. Do you consent to taking before & after photos to keep up with your progress? _____
(Some images may be posted on social media platforms; however, they will not show your face).

11. We are serious about our client's results. Are you serious about maintaining them? _____

12. Once you receive your recommended number of sessions, will you be able to consistently complete them? _____
