

NEW MILLENNIUM LIVING LTD.

LIPO LASER SESSION INTAKE FORM

The information request below will assist us in treating you safely. Please answer to the best of your knowledge.

Client Information

Last Name _____ First Name _____

Age _____ () <21 () 21-30 () 31-40 () 41-50 () 51-60 () 60+

Phone Number _____ (h) (c) (w)

Emergency Contact _____ Phone Number _____

E-mail _____

Medical History

Within the last year, have you been under any medical care? – YES NO

Within the last nine months, have you undergone any surgery? - YES NO

If YES, please explain _____

Are you taking any Medication? - YES NO

If yes, please list them _____

Do you smoke? YES NO

Have you had your Hepatitis A and B shots? YES NO

Do you have a Pacemaker or a Metal implants? YES NO

What is your Pain tolerance? LOW MEDUIM HIGH

Do you have any allergies to the following?

Cosmetics () Iodine () Animals () Food () Sunscreen ()

Medicine () Pollen () Fragrance () Hydroxy Acids () Seafood or Shell Fish ()

Have your or do you have any of these health problems?

***Please note that some conditions are contraindicated. Therefore the esthetician will not be able to perform your services or we will need a Medical note ***

- () Cancer () Spinal Injury () Liver () Blood Pressure () Osteoporosis
() Diabetes () Hysterectomy () Kidney () Hemophiliac () Warts
() Epilepsy () Thyroid Condition () Asthma () Stroke () High Fever
() Heart Problems () Varicose Veins () Lung () Thrombosis () Swollen Glands
() Hormone Imbalance () Systemic Disease () Constipation () Pulmonary Embolism
() Hypertension () HIV Positive () Contagious Skin Condition* () Phlebitis
() Open sores* () Easy Bruising () Recent Fracture* () Acute Pneumonia
() Deep Vein Thrombosis/ Blood Clots* () Joint Disorder/ Rheumatoid Arthritis
() Osteoarthritis Tendonitis () Headaches/ Migraines () Decreased Sensation
() Back/ Neck problems () High Fever () Hemophilia* () Artificial Joint
() Sprains/ Strains () Current Fever () Heart Condition () High/ Low Blood Pressure
() Circulatory Disorder () OTHER*

Please explain if you have check off the any of the above health problems.

How much water do you drink in a day? _____

How many alcoholic beverages do you drink weekly _____

Do you have any cellulite? YES NO

Do you have any spider veins? YES NO

Do your legs cramp often? YES NO

Do you bruise easily? YES NO

Is your skin dry? YES NO

Do you ever experience a burning, itching sensation on your skin? YES NO

If yes, where _____

What SPF and sunscreen brand do you use on your- FACE _____ Body _____

Do you use a tanning bed or out in the sun for long periods of time? YES NO

Do you tan easily? YES NO

Do you have hyperpigmentation? (Dark/ Age Spots) Which area _____

Do you have skin tags? YES NO

If yes, which area _____

Have you ever had a

Microdermabrasion, If so when _____

Chemical Peel, If so when _____

Laser Resurfacing, If so when _____

Collagen or Botox, If so when _____

Do your feet & hands get cold easily? YES NO

Do you suffer from sinus problems? YES NO

Do you sweat easily? YES NO

Do you use Accutane, Retin A, Renova, or Adapalene (Differin)

Do you use any Acne medications? YES NO

If yes, please explain

Are you currently using any of the products with the following ingredients?

Glycolic acid Any exfoliating scrub Hydroxy acid products (A.H.A)

Vitamin A derivatives (i.e. Retinol) Hydroquinone

Please explain

Female Clients Only

Are you taking any oral contraceptives? YES NO

Are you currently pregnant or trying to become pregnant? YES NO

If pregnant, how many months_____

If pregnant, are your breastfeeding? YES NO

Is your menstrual cycle (period) regular? YES NO

Do you often experience yeast infection? YES NO

Conclusion

Please initial

___ I am aware of the 36 hour cancellation policy. Failing to give 36 hours notice may cause me to lose that appointment. By initialing I agree to the terms and conditions.

**___ I am aware of, was explained and accept all the potential risk involving my procedure(s).
(SEE LAST PAGE FOR A LIST OF RISKS ASSOCIATED WITH LOW LEVEL LASER THERAPY.
I agree not to take any legal action against New Millennium Living Ltd.**

___ I understand that some of my health conditions (if any) may be a contraindication to my procedures and may require a doctor's note and will be booked at the next available appointment.

___ I agree for my picture (no head shots) to be used for marketing and/or educational purpose.

___ I confirm (to the best of my knowledge) that the answers that I have provided are correct and that I have not withheld any information that may be relevant to my treatment

Name(please print) _____

Signature _____

Date _____

Estheticians Signature _____

Date _____

New Millennium Living Ltd. Lipo Laser Consent Form

First name _____

Last name _____

Client Treatment Chart

I am over the age of 18 _____

I have no known liver or kidney disorders _____

I am not pregnant or lactating _____

I have no known thyroid gland dysfunction _____

I do not have epilepsy _____

I do not have a compromised immune system _____

I do not have herpes simplex _____

I do not have cancer or a history of cancer _____

I do not have uncontrolled hypertension _____ I am not taking drugs that cause photosensitivity _____

I do not have a pacemaker _____

I have no known photosensitivity to sun exposure _____

) Have you had any of these health conditions in the past or present? (Please check all that apply and provide additional information in the space provided)

Cancer Hormone imbalance Systemic disease High blood pressure Spinal injury Thyroid condition
 Hysterectomy Diabetes Heart problem Varicose veins Arthritis Asthma Eczema
 Epilepsy Seizure disorder Fever blisters Headaches (chronic) Hepatitis Herpes
 Frequent cold sores Immune disorders HIV/AIDS Lupus Metal bone pins or plates Phlebitis, blood clots, poor circulation
 Blood clotting abnormalities Psychological treatment Insomnia
 Keloid scarring Skin disease/skin lesions Any active Pregnancy 0 Breast feeding 0

I confirm the following, please initial each statement.

Past surgeries or major illnesses _____ limitation to treatment I understand there are no guarantees as the result of this treatment. I understand that to achieve maximum results, I may require several treatments. I understand that an appropriate diet and regular exercise will assist to sustain and create a cumulative degree of overall spot fat reduction and body contouring. Risks I have been informed and I understand that temporary hyperpigmentation/hypopigmentation on rare occasion may occur as a result of treatment. I hereby certify all information that I have provided has been accurate and truthful.

I hereby authorize New Millennium Living Ltd. to perform Lipolaser for the purpose of aesthetic body contouring and fat loss.

LOCATION: New Millennium Living Ltd. Fernlea Natural Health Sanctuary, 12827 Leslie Street, Richmond Hill, Ontario
The Fernlea Natural Health Sanctuary is a Private Members Association and not a part of any Canadian health care system.
“This appointment session is for personal research and/or investigational purposes only.”

Client Name _____

Client Signature: _____

Date: _____

1.The program and background you have requested to be treated with is the Lipolaser low – level laser therapy. This treatment is the application of a 635nm low intensity laser, which has been shown through extension research to cause the fat within the adipocyte (fat cell) to leave the cell and accumulate in the interstitial space around the cells. In contrast to high power, high heat lasers that are used in the various medical procedures, the low level laser used for this treatment has no thermal effect on tissue. Instead, the non-invasive laser helps the body absorb fat by stimulating its biological function. Excess fat is then removed naturally by the body’s lymphatic system and subsequently excreted without the negative side effects and downtime associated with invasive procedures such as liposuction. This therapy has been tested in several institutional review board effective. Any medical or cosmetic procedure carries risk, complications and varied results to the effectiveness of a particular treatment. The purpose of this document is to make you aware of the nature of this product and its in advanced so that you can decide whether to go forward with this procedure. Non-invasive low-level laser therapy has been approved by the FDA.

A. Procedure initially you will consult with an esthetician to determine if you are a candidate for low-level laser therapy. During this time period you will have the opportunity to ask the questions or voice concerns you may have concerning this treatment. If it is determined that you are a candidate for this procedure, there will be a few preliminary steps consisting of: paperwork and measurements. Proceeding, the client will need to expose the area to be treated and lie down. From here, the treatment will be administered by placing two – four 635 nm low-level laser paddles on the desired areas to be treated. It is recommended that a patient will need a 12-18 1 hr treatments followed by 30 minutes of cardio and healthy diet. If you are not currently exercising you should consult a health care professional before beginning an exercise.

B. Please inform us if you think you are pregnant, or if you are unsure if you may be pregnant, a pregnancy test may be required to proceed with treatment. Although no known detrimental risks exist, potential unknown risks may exist. If you have a pacemaker, this treatment may not be right you. It is recommended that one does not treat directly over pace maker or its wires. No known risks exist, however potential risks may exist. There are also a variety of other conditions for this treatment. It is possible that you may not see any improvement in your body shape or it may get worse. There also may be unknown risks associated with low-level laser therapy, have become more prominent. Low-level laser therapy has been used by chiropractors for pain management and recently by cosmetic surgeons to emulsify adipose before liposuction with FDA approval the potential benefit of this treatment is body contouring without surgery. Problem areas or excess pockets of fat can be targeted, however the most commonly treated areas are the stomach, hips, flanks and thighs. In clinical trials patients have averaged 4.5 inches lost from there stomach, hips, and thighs. These results do vary and no guarantee is implied or suggested that desired result will be achieved.

C. Alternatives: This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Alternative treatments, which vary in sensitivity, effect, duration, and invasiveness include: tripollar, mesotherapy, lipodissolve, dermal rolling, dieting, exercise and potential others: which may have their own risks and benefits. You acknowledge this and realize that the other option to you is do nothing.

D. Questions: By signing below, you certify that this procedure has been explained to you and your satisfaction. Any further questions can be directed to New Millennium Living Ltd. staff.

E. Consent: I have reviewed this consent form. My consent and authorization for this procedure are strictly voluntary. By signing the informed consent form I grant authority for New Millennium Living Ltd. to perform that described treatment or administrator any related treatments deemed necessary or advisable for my medical condition. The purpose of this procedure, risks, complications, alternative methods of treatment has been fully explained to my satisfaction. Cosmetic indications for these procedures include but are not limited to cellulite reduction, treatment of problem fat areas, skin tightening and skin rejuvenation. You may experience increased redness to the area for up to 12 hours. You will be able to return to most normal activities following the treatment. I have been informed of the potential risk of any side effects of Lipolaser including but not limited to redness and swelling, heat sensitivity, pain increase bowel movements, increased urination, increased menstrual flow and flu-like symptoms. The nature of the proposed procedure, the risks, potential damages and advertised side effects have been explained to me and I fully understand.

I understand that a minimum of six treatments is required to achieve full results. At that point I will be re-evaluated to see if more sessions are needed in order to achieve realistic goals. Patients who are extremely thin may require fewer treatments, while heavier patients may require more. I understand that the treatment is most successful if I also maintain a healthy diet and commit to an exercise program. I know that if after the treatment course I gain weight, the results of the Lipolaser may be reversed. _____ Initial – No guarantee has been given to me by anyone as to the results that may be obtained by this treatment. I have read this consent and certify that I understand its consent to this procedure. I hereby give my consent to have this procedure. If at any time during the Lipolaser procedure I experience pain or discomfort of any kind, I agree to inform the staff immediately and/or terminate the session at my discretion. Clients are responsible for the completion and timely return any client forms and payments, including by not limited to new client intake forms. New Millennium Living Ltd. shall be indemnified and held harmless by the clients, and clients agree to pay all costs incurred in connection with any accident, injury, illness, or property damage loss, including attorney fees, regardless of how it may have occurred All information regarding the procedure is checked to ensure the accuracy of descriptions. However, we are not always able to control all of the components of the facility, city power outages, ect. and always able to control and for which we do not except liability. I further state that I am of lawful age and legally competent to sign this aforementioned release; I understand the terms herein is contractual and not mere recital; I have signed this document of my own free act.

New Millennium Living Ltd. places the highest priority on the client's rights to privacy. We recognize the added sensitivities for clients receiving body sculpting therapy. Our office staff is trained to protect our private health information, and our clinic will remain discrete. We value our privacy and are committed to maintaining your security and confidentially in the use of any third party without your consent to the LASER TECH ESTHETICIAN. I have explained the procedure, alternatives and risks to the person or persons whose signature is affixed below. The patient has verbally communicated to me that they understand the contents of this form.

X

Signature of Esthetician

X

Signature of Client

LASER TECH ESTHETICIAN PATIENT CERTIFICATION by signing I state that I am 18 years of age or older, or otherwise have authorized to consent to the above information. I have read or have had explained to me the contents to what has been explained to me.

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Potential Risks of Low Level Laser Therapy (LLLT)

Laser lipo is the use of a laser to liquefy the fat from areas of the body that need to be reshaped. Potential risks of laser lipo can range from infection, skin necrosis, dimpling, lumpiness, numbness, scarring, discoloration, or sagging skin, as well as discomfort in the surgically treated area. Study Conducted Mar 17, 2014

QUESTIONS & CONTRAINDICATIONS:

Does the Low Level Laser Therapy (LipoLaser) emit heat?

No. the treatment uses a cold laser technology that emits no heat, sound or vibrations.

What happens as the laser hits the fatty tissue?

The laser disrupts the external membrane of the fat cell, inducing lipolysis.

What is released during treatment?

Water, Glycerol, and Free Fatty Acids.

Where do the Free Fatty Acids go?

Once the free fatty acids leave the cell and enter the interstitial space, it is then absorbed by the lymphatic system. Additionally, when combined with oxygen, Free Fatty Acids produce energy.

Where does Glycerol go?

Glycerol diffuses widely and rapidly throughout the total body water, passes through the blood stream and appears in the urine. Additionally, glycerol is converted by the liver into a useful energy source—Glucose.

Are there any harmful side effects or contraindications?

The (LipoLaser) is non-invasive with no harmful side effects. The contraindications are pregnancy, epilepsy, cancer and patients with pacemakers.

Am I an ideal candidate?

The LipoLaser is the ideal treatment for all body types when combined with a healthy diet and lifestyle.

What are the benefits of LipoLaser?

Non-surgical, non-invasive, safe, natural, pain-free, no downtime, no side effects, spot reduces areas that exercise and diet can't.

What areas of the body can LipoLaser be treated?

- Waistline
- Mid and lower abdomen
- Upper mid and lower back
- Buttocks and thigh areas
- Arms and underarms

How many LipoLaser treatments do I need for each spot?

Typically people do 3 visits depending on how many inches they want to lose off their body.

What happens after a LipoLaser treatment?

You are free to resume normal activities immediately after each session—including exercise!