Studio name _____

Ultrasonic cavitation consent

This takes about four minutes. Your answers go to your studio, and your practitioner reads them before your first session.

About you

Your name
First name

Last name

Date of birth (MM/DD/YYYY)

Mobile phone

Email

Emergency contact

Your sessions

Areas you'd like treated

☐ Stomach ☐ Sides of the waist ☐ Back ☐ Upper arms ☐ Thighs ☐ Buttocks ☐ Under the chin

Health questions

These questions are the studio's own policy. They help your practitioner plan a safe appointment. They aren't medical advice: if you have a question about your health or your medicines, ask your doctor.

Are you pregnant or nursing?

☐ Yes ☐ No

Do you have a pacemaker, defibrillator, insulin pump, neurostimulator, cochlear implant or another implanted electronic device?

☐ Yes ☐ No

Which one?

Do you have metal in or near the areas being treated, such as plates, screws, a joint replacement or a copper IUD?

☐ Yes ☐ No

What and where?

Do you have breast, buttock or other implants, or filler, in or near the areas being treated?

☐ Yes ☐ No

What and where?

Have you had surgery or a cosmetic procedure on the areas being treated in the last 6 months (including liposuction or a tummy tuck)?

☐ Yes ☐ No

What, and when?

Do you have a heart condition or high blood pressure that isn't under control?

☐ Yes ☐ No

Tell us a little more.

Have you had a blood clot, or do you have varicose veins in the areas being treated?

☐ Yes ☐ No

Tell us a little more.

Do you take blood thinners, or aspirin, ibuprofen or fish oil regularly?

☐ Yes ☐ No

Which ones?

Do you have a hernia in or near the areas being treated?

☐ Yes ☐ No

Do you have numbness or less feeling in the areas being treated (for example from diabetes or nerve damage)?

☐ Yes ☐ No

Are you being treated for cancer now, or have you been in the last year?

☐ Yes ☐ No

Tell us a little more, only what you're comfortable sharing.

Do you have a skin condition on or near the areas being treated, such as eczema, psoriasis, rosacea, dermatitis or an open cut or rash?

☐ Yes ☐ No

What is it?

Do you have epilepsy or a seizure condition?

☐ Yes ☐ No

Do you have a liver or kidney condition?

☐ Yes ☐ No

Tell us a little more.

Do you have a hearing condition, such as tinnitus or a hearing aid?

☐ Yes ☐ No

Anything else your practitioner should know about your health?

What you agree to

What to expect

Ultrasonic cavitation uses a handheld device that sends ultrasound into the skin through a gel. It's often paired with radiofrequency or vacuum on the same device. Most people feel warmth or tingling, and some hear a high-pitched buzzing sound while it's on.

Initials

Risks

Redness, warmth, tenderness, bruising and feeling thirsty or tired afterward can happen. Heat from a paired device can rarely cause a burn or blister. I'll say right away if anything feels too hot or painful, and I'll contact the studio about anything unusual, and my doctor for a medical concern.

Initials

Implants and devices

I told the studio about every implanted device, implant and piece of metal in my body. I understand the studio may skip a treatment or an area because of one.

Initials

No promises

Ultrasonic cavitation is a cosmetic service, not medical care, and it doesn't take the place of a doctor's advice. The studio makes no promise about how my body will look or measure after any number of sessions, and how people respond varies.

Initials

My answers

I answered the health questions truthfully. I'll tell my practitioner before my appointment if anything changes.

Initials ☐

Stopping

I can ask my practitioner to stop at any time, and my practitioner may stop or change the service if my skin reacts.

Initials ☐

Photos of your results

Appointment policy

Please give the studio at least 24 hours' notice to move or cancel your appointment. Arriving late may shorten your appointment so the next client starts on time.

Initials ☐

the studio uses your health answers only to do your appointment safely and to keep the records the law requires. They are never used for marketing or sold. They are stored encrypted, and every time someone at the studio opens them it is logged.

Your signature _____ **Date** _____

Printed name _____

For the studio only (For the studio)

Session notes

Device make and model

Frequency

Intensity level

Time per area

Paired with

☐ Cavitation only ☐ Radiofrequency ☐ Vacuum ☐ Radiofrequency and vacuum

Areas treated

☐ Stomach ☐ Sides of the waist ☐ Back ☐ Upper arms ☐ Thighs ☐ Buttocks

☐ Under the chin

Skin after

☐ No visible change ☐ Redness ☐ Bruising or marks ☐ Stopped early

Measurements (only if the client asked)

Session photos (only with the client's OK)

Attach a copy to this form