BODY TUNE AESTHETICS

SCULPT X + CONSULTION & CONSENT FORM

SculptX+ technology can continuously expand and contract your muscles, equivalent to extreme intense training. SculptX+ can reshape the internal structure of the muscles, produce new proteins and increase the growth of the myofibrils (muscles hyperplasia), thereby increasing muscle density and volume.

TITLE:	MR	MRS	MISS	MS
NAME:			DATE:	
ADDRESS:			PHONE:	
E-MAIL:			DOB:	
EMERGENCY CONTACT NAME:		PHONE:		

Please list all medications that you take regularly, including hormones, vitamins, etc.:

CURRENT BODY WEIGHT:	BMI (WEIGHT KG	HEIHT:
Have you taken blood thinners or anti-coagulants in the last 3 months? ☐ Yes ☐ No		
Details:		
Allergies:		
Do you smoke? ☐ Yes ☐ No	If so how many per day?	Are you on HRT? (Hormone Replacement Therapy) ☐ Yes ☐ No

Have you had (in area of treatment)

☐ Chemical peel	☐ Dermabrasion	☐ Laser	☐ Surgery	Other:

Physical activity daily:

☐ Non	☐ Moderate	☐ Intense
☐ High Carb	☐ Healthy	☐ Keto
How many Glasses of water do you drink daily?		
How did you hear about us?		

BODY TUNE AESTHETICS

Health Conditions:

☐ Heart Rhythm Disturbance	☐ Hypoglycaemia
☐ Cancer	☐ Autoimmune disease
☐ Pregnant / breastfeed	☐ Blood Clotting Disorder
☐ Pacemaker / defibrillators or electronically implemented devices	☐ Thyriod Disorder
☐ Eczema or Psoriasis	☐ Diabetes
☐ Thrommbosis or DVT	☐ Lack of Normal Skin Sensation
☐ Hepatits	☐ Recent Surgery
☐ Hormonal Disorders	☐ HIV
☐ Surgery in the last year	☐ Recent Illness
☐ Poor Skin Condition	☐ Multiple Sclerosis
☐ Excessive tissue Swelling	☐ Epilepsy
☐ Neoplastic tissue	☐ Uncontrolled Hyper / Hypotension

Client Treatment Report:

Date of Treatment	Clinician Name	Treatment Area	Energy Level	Desirable Energy Level	Amount Paid	Clinician Sign

Medical Informed Consent P2:

In relation to my initial and all subsequent treatments I advise that: (Please tick)

☐	I have no history of seizures and I have disclosed all known allergies (e.g. Latex, ect.)
☐	I do not have active infections/immunosuppression.
☐	I do not have open lesions in the areas to be treated.
☐	I have not had laser resurfacing within the last 1 week.
☐	have advised my clinician if I am diabetic.
☐	I am not pregnant.
☐	I have received the Pre- and Post-Care Information Sheet. I agree to adhere to all these recommendations.

BODY TUNE AESTHETICS

Medical Informed Consent P3:

I have read all of the above and had all my questions satisfactorily answered.

The following has been advised with the sculptX+ treatment:

I understand that SculptX+ results are successful for most clients, however individual results can vary. Clients require a minimum of 4 - 8 treatments. Non-compliant clients may experience reduced efficacy of the treatment.

The results can be seen over 4-6 weeks, with some clients benefitting from more treatments.

I authorise procedure treatment photographs for the sole purpose of future reference to compare my results. Photos will be kept confidential.

Treatment is successful on most clients, but my results cannot be guaranteed. Treatment Process
Side Effects

Risks associated with SculptX+ treatment:

I consent and authorise_____ to perform SculptX+ treatment on me. I understand the following points and have had the opportunity to ask questions during my consultation.

Even though the risk of complication is low, the following can occur: (Please initial)

I understand that there is a possibility of rare side effects such as;

Muscle tenderness, mild tingling, and skin irritation on the area of electrode application.
I understand the SculptX+ treatment can feel involuntary muscle contraction, lasting the duration of treatment.
I am 18 years of age or over (under 18 require parent/guardian to sign)
I will advise my salon/clinic of any changes that may occur during my treatment that can increase potential risks or reduce the efficacy I understand that there is no refund for any of the services performed.

Note: Do not sign this form until you have read and understood all of the above.

Client Signature:		Date:	

Parent / Guardian Full Name:	

(Please print name)
*Under 18 years of age requires parental consent

Parent / Guardian Signature:		Date:	

BODY TUNE AESTHETICS

Cancellations and Refunds

- Treatments/services are not transferable to other individuals.
- For any cancellation we require a minimum of 24 hours notice
- If you no show, cancel or reschedule within 24 hours of your appointment time we reserve the right to retain your booking deposit ($50)
- In the case of pre-paid treatments, if you no show, cancel or reschedule withing 24 hours of your appointment, you forfeit the cost of the treatment in full.
- Refunds will be provided where required and in accordance with Australian Consumer Law. We do not offer refunds for change of mind.

Booking Disclaimer

- Our procedures and products may not be suitable for you (please refer for our specific product contraindications for more information on this) and whilst all due care and skills is exercised in treating our clients, ultimately it your responsibility to determine if the service and treatment is right for you.

- It is vitally important that, at the initial consultation and all subsequent treatments, you provide Body Tune Aesthetics with all the required information on your Client Consultation Form and advise us of any factors that could impact your treatment.

- Please have realistic expectations for the results of your treatment; no two clients are the same and the end result varies from client to client. We actively encourage you to communicate and work with your therapist

Package Treatments (treatments purchases as part of our packages).

- Treatments purchased as part of a package are considered as pre-paid treatments
- Treatments that are purchased as part of a package are non-transferrable to other individuals
- In the case of pre-paid treatments, if you no show, cancel or reschedule withing 24 hours of your appointment, you forfeit the cost of the treatment in full.

Signature:		DATE:	

BODY TUNE AESTHETICS