



GUEST PROFILE

HOW DID YOU HEAR ABOUT US? _____

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

HOME PHONE _____ MOBILE PHONE _____

EMAIL ADDRESS _____

BIRTHDAY _____ OCCUPATION _____

Please tell us about your health:

Have you had other aesthetic procedures for the body? _____

How did you hear about the CoolSculpting® procedure? _____

Do you have any of the following? :

- » Cryoglobulinemia or paroxysmal cold hemoglobinuria Yes No
- » Known sensitivity to cold such as cold urticaria or Raynaud’s disease Yes No
- » Impaired peripheral circulation in the area to be treated Yes No
- » Neuropathic disorders such as post-herpetic neuralgia or diabetic neuropathy Yes No
- » Impaired skin sensation Yes No
- » Open or infected wounds Yes No
- » Bleeding disorders or concomitant use of blood thinners Yes No
- » Recent surgery or scar tissue in the area to be treated Yes No
- » A hernia or history of hernia in the area to be treated or adjacent to treatment site Yes No
- » Skin conditions such as eczema, dermatitis, or rashes Yes No
- » I verify that I am not currently pregnant or lactating Yes No
- » Any active implanted devices such as pacemakers and defibrillators Yes No

I CONFIRM THAT THE ANSWERS I HAVE GIVEN ABOVE ARE CORRECT AND I HAVE NOT WITHHELD INFORMATION THAT MAY BE RELEVANT TO MY TREATMENT(S). I HEREBY RELEASE SENARA AND ITS EMPLOYEES FROM ANY AND ALL LIABILITY CONCERNING MY TREATMENT(S).

Print Name: _____ Signature: _____ Date: _____