Infrared Body Wrap Customer Data Sheet

Last name_____First name_____

Address_____City_____Zip_____

Cell/Home Phone_____Date of Birth_____

Email Address_____

Height without shoes_____Current Weight_____Goal Weight_____

Reason for Visit, Motivations & Expectations_____

Contra-indications for Infrared Body Wrap Check all that apply

Cardiac condition	Heavy Menstruation	Overactive Thyroid Gland
Lupus Erythematosus	Acute Joint Injury (w/in 48 hrs)	Diabetes requiring Insulin
Adrenal Suppression	Implanted Pacemaker	Kidneys Malfunction
Multiple Sclerosis	Pregnancy	Open Wounds
Metal Pins or Rods	Constricted Coronary Bld Vessel	Skin Diseases
Artificial Joints	High or low Blood Pressure	Contact Allergies
Implanted Silicone	Enclosed Infection (dental/joint)	Fever
Varicose Veins	Hemophilia	Severe General Infection
Other (Please Describe)_____		

Consult your doctor b/4 receiving an Infrared Body Wrap treatment if you have received treatment for any of the above listed conditions. You cannot receive the treatment if you suffer from any of the remaining conditions described above.

I have been fully informed and understand the Infrared Body WrapSystem and accept personal responsibility for my treatments. I understand that Sei Bella and its staff are not liable for any injury to person caused in any way by the use of its services or premises. I am aware that the results achieved by this treatment may vary from person to person, and I acknowledge that no promises or guarantees have been made to me as to the results of this treatment. A 48 Hour CANCELLATION is required. All NO-SHOWS and short Cancellation notices will be charged $50.00. You MUST secure your appointment with a signed check.

Client Signature_____Date_____

*****Please use the restroom prior to the treatment.

*****PLEASE drink plenty of WATER before and after treatment for best results!!!! Must be well hydrated ,,,,,,,,,,,,,,,,,,,,Thank you!!!!