



Look Fantastic Feel Fantastic Be Fantastic

Welcome to WellConsulted and the place to be to transform your body to health and wellness with our Doctor Designed body transformation protocol. You may have prepaid for the following services that our staff and certified IIN Health and Wellness Coaches will guide you through. At the completion of your initial visit today, you will meet with one of our IIN coaches or staff to offer you an opportunity to further improve your health and wellness with our complete WellConsulted program of body transformation. Today you may or will receive the following:

- Consultation with one of our staff to answer questions you may have.
- Consultation with one of our Certified Health Coaches or Doctors.
- Pre Light Therapy body composition measurements - LeanScreen.
- 25 minute Body Contour LED Light Therapy Session.
- 10 minute Vibration Plate Therapy Session.
- InMode Evoke Radio Frequency Chin and Cheek Skin Tightening Consultation
- InMode Forma Radio Frequency Face and Neck Skin Tightening Consultation

After completion of the above prepaid protocol our staff will review options available for you to improve your health and wellness through our whole body transformation program and other non-invasive aesthetic services. Our Doctor Designed program of body transformation is changing lives and we hope you are next to enjoy the benefits.

Check off which non-invasive services are you are interested in learning about and or benefiting from:

- Contour Light Therapy to reduce inches, weight and improve health
- InMode Evoke to reduce wrinkles and fat along cheeks and under chin
- InMode Forma to reduce wrinkles and tighten skin on upper third of face
- Whole Body Transormation Program
- Specific Spinal Decompression Therapy to reduce back pain

Please write or print clearly.

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

Age _____ Height _____ Date of Birth _____

Current Weight _____ Ideal Weight _____

Married Y N Children Y N Occupation _____

Symptoms:

Please Check which apply:

- | | |
|-------------------|----------------------------------|
| Fatigue | Diabetes |
| Back Pain | High Blood Pressure |
| High Cholesterol | Heart Disease |
| OsteoArthritis | Gallbladder Disease |
| Thyroid Disease | Gout |
| Pulmonary Disease | Depression |
| Anxiety | Self Confidence |
| Implants | Skin Cancer |
| Herpes Complex | AIDS/HIV |
| Acne/Eczema | Other Cancer - please list _____ |

Other Serious illnesses? Please list

Other health concerns:

Allergies _____

Are you happy with your energy level? _____

Supplements or Medications currently taking - please list

Typical Daily eating habits:

Breakfast

Lunch

Dinner

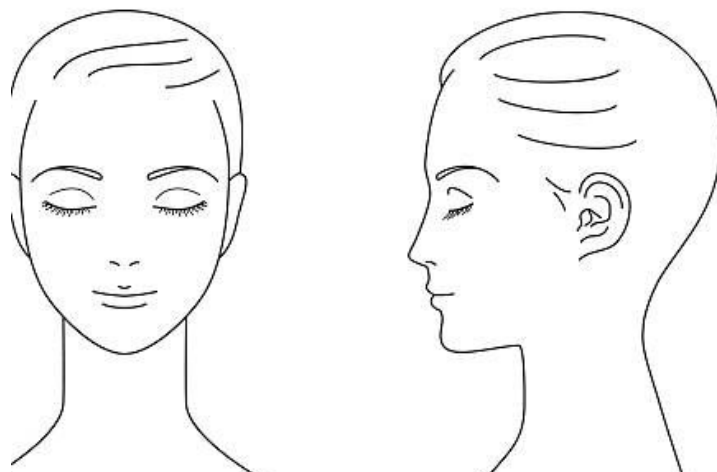
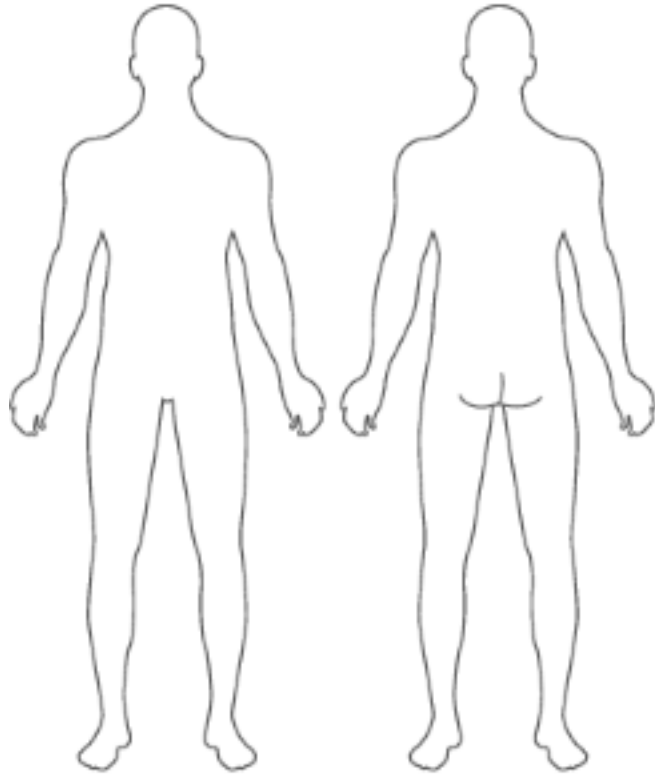
Do you want to **LOOK, FEEL** and **BE FANTASTIC**? Y N

Are you committed to improving how you **LOOK** and **FEEL**? Y N

Do you suffer from back pain? Would you like to meet with one of our spinal doctors to discuss this? Y N

Please continue to the Consent and Release agreement....

Please mark with an "X" your areas of concern.



Consent and Release of Liability Form, Informed Consent Release, and Indemnity Agreement

First Name

Last Name

Date

Program and Background

You may have requested treatment utilizing Contour Light LED light therapy, InMode Forma or InMode Evoke. The Contour Light treatment is the application of a 635nm light, which causes fat within the adipose (fat) cell to leave the cell and accumulate in the cell's interstitial space, utilizing stimulating of its biological function to help the body break down fat. This excess fat is moved by the body's lymphatic system and excreted without negative side effects or downtime. Any medical or cosmetic procedure carries risks, complications, and varied results. The purpose of this document is to inform the client of the nature of this product and its risk. InMode Forma is non-invasive technology utilizing radiofrequency and is indicated for facial/neck or body areas for skin tightening. The Forma and Evoke treatment induces heating of the dermal and sub-dermal layers which stimulate a reaction reading to collagen generation and replenishment. The treatment creates a warm sensation over the skin surface treated.

Procedure

Initially you will consult with one of our doctors, certified health coaches or staff to determine if you are a candidate for the therapy selected. You will have the opportunity to ask questions or voice concerns you may have regarding this treatment. If it is determined you are a candidate for the procedure then paperwork, measurements, treatment photos (only upon your approval) with the patented LeanScrean to assess body fat percentage, Body Mass Index and your Hip to Waist Ratio may be performed. Then a suggested course of treatment will be given. The Contour light treatment is administered by placing up to 2 LED pads on the desired area(s) to be treated and the optional facial LED Light mask. It is recommended that a patient may need between 8-36 treatments for the LED therapy to achieve the desired effect. This treatment should be used in conjunction with a healthy diet and exercise. You should consult a health care professional before beginning any new exercise program to determine if your body is physically able. Forma and Evoke treatments are non-invasive and utilize radiofrequency to generate mild warmth and to stimulate the production of collagen.

Risks/Discomfort

This treatment is non-invasive. During treatment there should be minimal discomfort, if any at all. Body Contouring, Forma and Evoke is suitable for anyone over 18. Anyone with any of the following would not be suitable for this treatment: pregnant, breast feeding, kidney or liver disease, cancer, or severe auto-immune diseases, a pacemaker and any digital heart implants or other implants under areas treated. There may be side effects of redness, swelling, heat sensitivity, increased bowel movements and increased urination but this is not uncommon. This is your way of excreting waste by-products from your fat cells. Local side effects from radiofrequency (Forma and Evoke) may include local pain, skin redness, edema, hyper or hypo pigmentation and/or scarring. These are rare and expected to be temporary however any adverse reaction should be reported immediately.

Inform Staff:

I agree to inform staff prior to treatment if I have any of the following conditions that make me unsuitable for treatment with Forma or Evoke: Pregnant, Nursing, under age 18, pacemaker or internal defibrillator, glucose monitor, permanent implant in treated area, silicone implants, metal plates or screws under area treated, current or history of cancer, especially skin cancer or pre-malignant moles, AIDS, HIV, Severe epilepsy, liver or kidney disease, recurrent Herpes Simplex in treatment area, any active sores or rashes in treatment area, poorly controlled endocrine disorders such as diabetes or thyroid dysfunction, superficial fillers or botox within last 2 weeks.

Questions and Explanations

By signing below, you certify that this procedure has been explained to you and to your satisfaction and that you have been fully informed of the nature and purpose of the Body Contouring procedure, expected outcomes, and possible complications, and understand that no guarantee can be given as to the final result obtained. You are fully aware that your condition is of a cosmetic concern and that the decision to proceed is solely based upon your expressed desire to do so. Any further questions can be directed to a representative of Wisconsin Spinal Rehabilitation Center or WellConsulted. You further state that you are of lawful age and legally competent to sign this aforementioned release, and that you understand the terms herein is contractual and not a mere recital; you have signed this document of your own free act.

Whole Body Vibration Plate Exercise Risks

Whole Body Vibration Plate Machines are scientifically calibrated exercise machines designed to force your muscles to stretch and contract rapidly in small increments, replicating the same action which occurs during traditional exercising, therefore speeding up the needed exercise time. Vibration exercises use your body weight and gravity to its fullest potential. Please do not use a whole body vibration plate or any other exercise device without getting approval from your doctor if you are in the following group: diabetes with complications such as neuropathy or retinal damage, people who have recently undergone surgery, suffer from epilepsy or migraines, have herniated disks, spondylolisthesis, spondylosis, have cancer or tumors, people with recent joint replacements, or recently placed IUD's, metal pins or plates, or any other concerns about your physical health. A responsible adult should accompany frail individuals. These contraindications do not mean that you are not able to use a vibration or other exercise device, but we advise you to consult your personal physician first. There is no physician employed by WellConsulted or Wisconsin Spinal Rehab Center.

Assumption of the risks, informed consent and release

As stated above, I recognize there are minimal risks associated with the above described activity and I assume full responsibility for personal injury to myself. I release and discharge Wisconsin Spinal Rehabilitation Center, SC and WellConsulted, LLC and its employees, coaches or contracted vendors of any loss or damage arising out of my use of this facility and treatments.

Voluntary Cosmetic Procedure Acknowledgements:

_____INITIAL I understand that this is a strictly voluntary cosmetic procedure. No treatment is medically necessary or required and Evoke, Forma and or Contour Light LED therapy has been chosen by me (the client).

_____INITIAL I have been informed of the potential risks and side effects of Evoke, Forma and Contour light including but not limited to redness, swelling, heat sensitivity, increased bowel movements, and increased urination. The risks, potential damages, and adverse side effects have been explained to me and I fully understand.

_____INITIAL I understand that no guarantee has been given as to the results that may be obtained by this treatment. I have read this informed consent and certify that I understand its contents in full. I have had enough time to consider the information and feel I am sufficiently capable to consent to this procedure. I hereby give my consent to have this procedure. If at any time during the Evoke, Forma or Contour Light procedure I experience pain or discomfort of any kind, I agree to inform the staff immediately and/or terminate the session at my discretion.

_____INITIAL I duly authorize the technician/staff/contracted vendor to perform the procedure for the purpose of body contouring, lymphatic drainage, improvement of cellulite, and skin tightening. I am aware that clinical results may vary depending on individual factors, medical history, patient compliance with pre/post treatment instructions, and individual response to treatment. If I do not make an effort to address healthy eating habits and exercise, the results achieved may not be retained.

_____INITIAL I agree and understand that WellConsulted and Wisconsin Spinal Rehab Center and it's staff and or contracted vendors does not offer or establish any Doctor/Patient relationship and I should consult my personal physician with any medical and or health concerns I have.

_____INITIAL I understand that not everyone is a candidate for this treatment and results may vary. Therefore, there is no guarantee as to the results that may be obtained and no refunds are provided for services offered.

_____INITIAL I agree that if I miss a scheduled appointment and I do not call to notify staff 24 hours prior that I will not be refunded for that missed appointment.

_____INITIAL I have had sufficient opportunity to discuss my condition and treatment. I believe I have adequate knowledge upon which to base an informed consent for treatment.

_____INITIAL 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 to perform the described treatment. The purpose of this procedure, risks and complications have been fully explained to my satisfaction. Cosmetic indications for these procedures include but are not limited to cellulite reduction, treatment of problem fat areas, facial skin tightening, and skin rejuvenation. Increased redness to the area for up to 12 hours may be experienced (although this is unlikely). Normal activities may be resumed following the treatment. I further state that I am of lawful age and legally competent to sign this aforementioned release. The procedures, alternatives and risks have been explained to me and I have been given the opportunity to ask questions. I understand it is my responsibility to inform the staff if there are any changes to my medical history. I understand the terms herein is contractual and not a mere recital. I have signed this document of my own free act.

_____INITIAL I have carefully read, understand and acknowledge all of the above statements.

Compliance Agreement

I, _____(client), should I agree to a program of self improvement, agree to follow the recommendation offered by Wisconsin Spinal Rehabilitation Center and or WellConsulted to achieve goals set forth. In order to provide the highest level of service and to deliver the best results possible, there are specific directions an individual must follow while receiving these treatments. By drinking a sufficient amount of water and stimulating the lymphatic system with some very light exercise, these fatty acids from the fat cell will be transported to the liver. By taking supplements to assist the liver in processing excess fatty acids, less of these aids will return to the fat cells, and the majority of the fatty acids will be directed to the kidneys and eliminated. Additionally, if a healthy diet is followed and a supplement is taken that assists the body in cleansing the liver, less volume will return to the fat cells.

Client Signature

Date