MD BODY & MED SPA

Name:_____Cell:_____

Date of Birth:_____ Emergency Contact: _____Phone:_____

Address: _____City:_____ State: _____Zip: _____

Email: _____ How did you hear about us?_____

Please list current medications and allergies: _____

_____

_____

Medical History: Please circle all that apply.

Yes / No Diabetes- if yes, which type _____
Yes / No Insulin Dependant
Yes / No Active Infection
Yes / No Cardiovascular Disease
Yes / No Congestive heart failure
Yes / No Congestive Obstructive Pulmonary Disease (COPD)
Yes / No Congenital Anomaly- if yes, please describe_____
Yes / No Recent Heart palpitations
Yes / No Recent Chest tightness/left shoulder or arm pain
Yes / No Recent Cardiac Surgery
Yes / No Stomach stapling
Yes / No Gastric Bypass/Lap-band surgery
Yes / No Recent Gastro- Intestinal conditions
Yes / No Recent Diarrhea/Constipation
Yes / No Recent Abdominal pain/bleeding
Yes / No Celiac Disease
Yes / No Irritable Bowel Syndrome
Yes / No Currently Pregnant / Breast feeding
Yes / No Liver Disease
Yes / No Kidney Disease
Yes / No Gall Bladder issues
Yes / No Thyroid issues

Yes / No 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 Any active implanted devices such as pacemakers and defibrillator's
Yes / No Cancer
If yes, are you in remition? _____
Yes / No Pregnant or Breastfeeding

_____ _____
Patient Signature Date

_____ _____
Witness Signature Date

coolsculpting®

OUR OFFICE IS PROUD TO OFFER COOLSCULPTING®!

Discover how to freeze away fat with the world's #1 non-invasive fat reduction procedure[1]:

- » Transformational results without surgery or downtime
- » Millions of treatments performed worldwide
- » FDA-cleared, safe and effective

COOLSCULPTING CAN TARGET STUBBORN FAT IN THE AREAS THAT BOTHER YOU THE MOST.

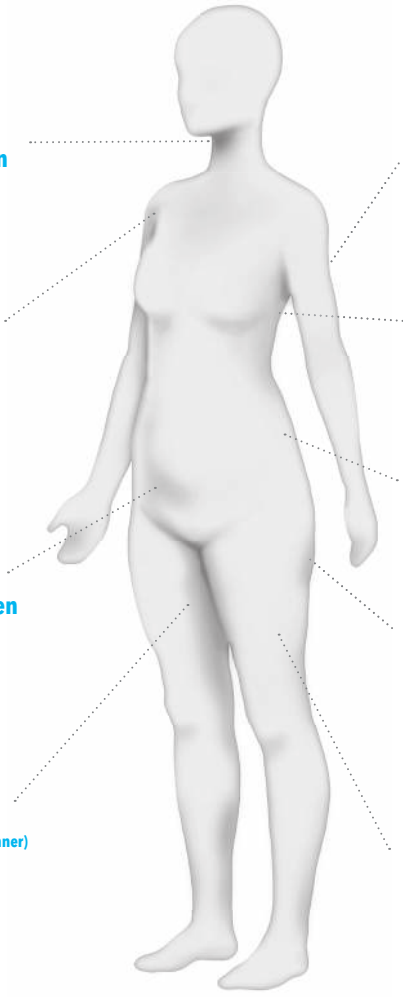
Indicate below which problem areas would you be interested in transforming: (check all that apply)

☐ **Under The Chin**

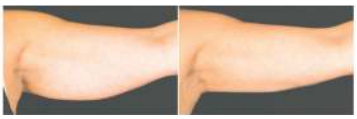
☐ **Bra Fat**

☐ **Abdomen**

☐ **Thigh (inner)**



☐ **Upper Arm**



☐ **Back Fat**

☐ **Flank/Side**

☐ **Underneath The Buttock (Banana Roll)**

☐ **Thigh (outer)**

1. CoolSculpting is the treatment doctors use most for non-invasive fat removal.
RESULTS AND PATIENT EXPERIENCE MAY VARY. Placements shown are approximate.
Before and After photos courtesy of (in order of appearance): A. Jay Burns, MD; Jason Rivers, MD; Christine Dierickx, MD; Brian Hass, MD; Grant Stevens, MD; Scott Gerrish, MD; Amy Brenner, MD; Mark Beaty, MD; Premier Plastic Surgery
In the U.S., the CoolSculpting procedure is FDA-cleared for the treatment of visible fat bulges in the submental area, thigh, abdomen and flank, along with bra fat, back fat, underneath the buttocks (also known as banana roll), and upper arm. In Taiwan, the CoolSculpting procedure is cleared for the breakdown of fat in the flank (love handle), abdomen, and thigh. Outside the U.S. and Taiwan, the CoolSculpting procedure for non-invasive fat reduction is available worldwide.

CANCELLATION POLICY FOR COOLSCULPTING

Deposit: $250.00
A $250.00 non-refundable deposit will be due upon booking your CoolSculpting procedure. This deposit will hold your appointment time and price for the treatment area(s) discussed in your consultation.

Payments: Payment in full is required on or before the treatment date.

Punctuality: Please arrive at least 10-15 minutes early so you can be well-prepped and enjoy an unhurried transition into your treatment.

Arriving Late: Arriving late will interfere with your treatment, therefore, making the treatment time needed insufficient. Your treatment will end at your scheduled time not to interfere with the next patient's time.

No show: We strongly encourage you to communicate with us. If you fail to arrive for your scheduled treatment time, without having notified us, you will be forfeit your $250.00 deposit. A no show will also disengage or void any agreements you may have with our office.

Cancellation Policy: We take pride in the appropriate reservation of your procedural date and scheduled time. Our priority is to schedule procedures that can be attended to with the utmost of care. Our scheduling policy is very time-sensitive due to constraints of the procedure. Therefore, we ask that you please understand the importance of respecting our **one week cancellation/reschedule policy.**

Our one week cancellation/reschedule policy is very strict. If you fail to reschedule your appointment one week prior to initial appointment, cancel or do not show, you are subject to lose your future appointments and or deposit / unused money.

If you have questions regarding this cancellation policy, please ask your CoolSculpting specialist at the time of booking.

IF YOU CHOOSE NOT TO BOOK ANY PROCEDURE, THIS DOCUMENT IS NULL AND VOID.

_____
Patient Name

_____ _____
Patient Signature Date

_____ _____
Witness Signature Date

7939 E Arapahoe Rd, Suite 210
Greenwood Village, CO 80112
☎ 303.220.1100

1001 W 120th Ave, Suite 130
Westminster, CO 80234
☎ 303.466.0100

Privacy Notice and Authorization

As you are no doubt aware, major changes in Federal privacy requirements – the HIPAA privacy regulations obligate most physician practices to provide notice about privacy rights and detailed policies designed to protect your privacy. These requirements were put into place because increased patient information is being shared in digital format over computer networks.

MD Body & Med Spa is committed to protecting patient confidentiality. You should understand the following with regard how we treat your personal health information.

1) When you register as a new patient, you will be asked to sign an authorization, also provided below, that includes a release of information that allows us to request and obtain records from practitioners that you have seen for the purpose of assisting us in your treatment. If you desire records to be sent to a health provider you have not yet seen, a family member, an attorney, or other party outside of this list, you must first sign a release of information before we can forward your information. You may be subject to fees.

2) We cannot release information to family members, other than parents or legal guardians, even if they are involved in your care, without your written permission.

3) In order to assure quality of care, MD Body & Med Spa records are occasionally reviewed both internally and by outside consultants in legal, clinical, and other concerns that affect the quality of services we provide. Only necessary information is accessed, and any such review is by a professional staff working under the condition of confidentiality.

4) If you wish to limit the nature of information that is released, or the parties noted above to whom information may be provided, please ask to meet with a MD Body & Med Spa privacy coordinator to discuss limitations. In some instances, MD Body & Med Spa may not be in a legal position to honor requested limitations.

5) We may be required by law, in some cases, to make disclosure of your record that you have not authorized. Examples are subpoenas in criminal or civil litigation, or requests/surveys by licensure agencies of the US Department of Health and Human Services.

6) Because MD Body & Med Spa is subject to HIPAA, MD Body & Med Spa practices long established and useful business practices, such as providing you with appointment reminders, notifying you of lab results, or using sign-up sheets, but we will take steps to do so in a fashion that takes your privacy expectations into account. Please inform staff of any limitations you would like us to honor in this regard.

7) MD Body & Med Spa reserves the right to charge for copying and forwarding your health records.

8) While the records of the care we provide are MD Body & Med Spa property, we will make them available for your inspection and provide copies at a reasonable fee. If you have any concerns about your health records, please ask to speak with a MD Body & Med Spa Medical Staff member.

9) I have been offered the patient right to review the Complete HIPAA compliance document and understand that MD Body & Med Spa will comply to protect my privacy.

Please acknowledge review of this notice and authorization of this release of medical information by signing below.

_____ _____

Patient Signature Date

_____ _____

Witness Date

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