



MICRO-CURRENT ENERGY TREATMENT - INTAKE FORM

Name: _____

Date: _____

To help us treat you more effectively, please provide the following information:

1. **What are your three main health concerns today?**
 - a. _____
 - b. _____
 - c. _____
2. **For Facials, list your skin care concerns.**

3. **List any surgeries you have had.**

4. **List any medications you are currently taking or have taken in the last month** *(use back side of sheet if necessary).*

5. **Do you have any scars or tattoos?** *Please specify.*

6. **Do you have any sensitivities/allergies to topical lotions?**

7. **Describe any joint or muscle pain you may have?**

8. **Are you pregnant or is there a chance that you are?**
___No ___Yes
9. **Are there any medical conditions we need to address?**

10. **List any health concerns such as Hepatitis, HIV, Diabetes, heart conditions.**

11. **Do you have a pace maker or any other heart device?**
___No ___Yes. *Specify* _____
12. **Do you have any illness today?** *Please specify*

13. **Do you have questions or concerns you would like to discuss?**

By signing this form you are hereby consenting to allow staff members to provide treatment using our intelligent micro-current instruments. The following is a brief summary, in plain language, of the theoretical approach used by the practitioner in providing services to the client: La Fleur Inc. uses Myofascial Trigger Point Release, intentional massage and tissue mobilization techniques while applying micro-current, to improve blood and oxygen flow to tissue and reduce pain and inflammation. The Body Project utilizes CES for stress reduction by addressing the Nervous System. I understand that the LaFleur/Accuscope micro-current energy treatment that I am about to receive is being provided by an alternative and complementary health care technician. By signing below, I attest that I am of legal age and acknowledge that I have read and fully understand the above Consent. As such, I am freely signing this Consent for Treatment or consenting to the treatment of my minor child.

Printed Name: _____

Date: _____

Signature _____

Relationship to client, if client is a minor _____