



# 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 \_\_\_\_\_