

VANQUISH REGISTRATION

Date: ___/___/___ How were you referred? Internet Physician Patient Other: _____

Name of referring physician: _____

GENERAL INFORMATION

First Name: _____ M.I.: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Age: ___ Date of Birth: ___/___/___ LAST 4 of SS#: _____ Marital Status: _____ Spouse's Name: _____

Telephone Home: (____) _____ - _____ Business: (____) _____ - _____ Cell: (____) _____ - _____

Contact number during work hours: Home Business Cell Contact number after work hours: Home Business Cell

E-mail: _____ YES / NO Please register me for email updates (we do NOT share email addresses with other businesses)

Emergency Contact: Name: _____ Phone: (____) _____ - _____ Relationship: _____

MEDICAL INFORMATION

Which area/s are you interested in receiving Vanquish treatments?: _____

What is your current weight? _____

In the last 5 years have you experienced a significant increase/decrease of weight? YES / NO

If yes, please explain: _____

Have you ever experienced and ALLERGIC reaction to foods, latex, medications, and/or products? YES / NO

If yes, please explain: _____

Are you currently taking prescriptions or under the care of a physician?

If yes, please explain: _____

Please list all current medical conditions:

Have you had any surgeries? YES / NO

If yes, please explain: _____

Do you have any metal in your body including active implants such as a pacemaker, cardiac defibrillator, cochlear implant or non-active implant such as screws, stents, hip replacement, knee replacement? YES / NO

If yes, please explain: _____

THIS SECTION TO BE COMPLETED BY WOMEN

Are you pregnant? YES / NO

Is there a possibility that you are pregnant? YES / NO

Are you breast-feeding? YES / NO

Please add any additional comments: _____

I certify that the above information is true to the best of my knowledge.

_____ Cancellation Policy: We reserve the right to charge for appointments cancelled or broken without 24 hours advance notice.

SIGNATURE: _____ DATE: _____