

# Getting Started:

## Personal Profile, Health History & Consent Form



Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_  
Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_

To ensure the safety and effectiveness of your Alpha Fuzion session, please complete the medical history questionnaire below:

1. Are you currently pregnant? Yes / No
2. Are you currently breastfeeding? Yes / No
3. What is the primary reason for beginning your Alpha Fuzion sessions?

\_\_\_\_\_  
\_\_\_\_\_

4. What medications are you currently taking? Please list all prescriptions, over-the-counter, vitamins or supplements:

\_\_\_\_\_  
\_\_\_\_\_

5. Allergies: If you are allergic to any medications, please list them along with your reactions:

\_\_\_\_\_

6. Are you currently being treated for any medical conditions? Yes / No

Explain: \_\_\_\_\_



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(continued)

### **Contraindications** (to be completed by technician)

Finding out a client's contraindications requires a thorough client analysis. Being ignorant of the client's medical history may cause problems.

- Heart/respiratory problems
- Pacemaker
- High blood pressure
- Kidney disorders
- Nervous conditions (e.g. epilepsy)
- Pregnancy
- Breastfeeding
- Implants
- Open lesions
- Pustules or cysts

Please share any questions, concerns, or comments: \_\_\_\_\_

The above conditions mean we advise the client to not receive the Alpha Fuzion System session. However, they might bring a medical release prior to a Alpha Fuzion session if they still want to try it at their own risk.

By signing below I confirm that the answers to the questionnaire are true and correct. I have read the contents of this Personal Profile, Health History, and Consent Form carefully and state I am not aware of any medical conditions or any other reason that would prohibit me from receiving Alpha Fuzion sessions. I understand individual results may vary. I have been given instructions for the proper use of the equipment and I will use it at my own risk. I hereby give my consent to have Alpha Fuzion sessions and release the owners, operators, and manufacturer from any damages that I might incur due to the use of this facility:

Client Name (Please Print): \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_



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Parent or Guardian Consent:

I hereby give my permission as a parent or guardian  
of \_\_\_\_\_ who is \_\_\_\_\_ years of age  
and is my \_\_\_\_\_ to use the Alpha Fuzion at this salon.  
I have read and understand this Personal Profile,  
Health History, and Consent Form and agree to accept all of its provisions.

Parent/Guardian Name (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_



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