

# WOOD AND ICE THERAPY

BY PURESculpt



**NAME:** \_\_\_\_\_ **BIRTHDAY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
CITY STATE ZIP

**EMAIL:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?** \_\_\_\_\_  
(IF REFERRED BY ANOTHER CLIENT, PLEASE PROVIDE THEIR FIRST AND LAST NAME)

## MEDICAL INFORMATION

Are you allergic to any of the following ingredients?  Yes  No

Water, Arnica, Mate, meyoranda, shave grass, lemon tea, Zen leaves, eucalyptus, rosemary, lavender, horehound, chamomile, hibiscus, green tea, Black Tea, rose petals, tila, peppermint, cacao, pure coffee, germal plus, grapefruit, vitamin E, witch hazel, glycerin, coconut oil and Germal plus, bentonite clay, rice clay, rose clay, red clay, activated charcoal, match powder, senna leaves.

Please indicate if any of the following apply to you:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Pregnant  | <input type="checkbox"/> Medicated diuretics                                     | <input type="checkbox"/> Fatal diseases           |
| <input type="checkbox"/> Present Hernia  | <input type="checkbox"/> Liposuction or Plastic surgery within the last 6 months | <input type="checkbox"/> Respiratory illness      |
| <input type="checkbox"/> Kidney disease  | <input type="checkbox"/> High Blood Pressure                                     | <input type="checkbox"/> Circulatory Disorders    |
| <input type="checkbox"/> History of heart attack (most recent within 6 months) | <input type="checkbox"/> Anemia tumors   | <input type="checkbox"/> Unstable angina pectoris |
| <input type="checkbox"/> Cardiovascular disease or arrhythmias                 | <input type="checkbox"/> History of stroke or cerebral hemorrhage                | <input type="checkbox"/> History of seizures      |
| <input type="checkbox"/> Metal implants or pacemakers                          |  | <input type="checkbox"/> Renaud's Syndrome        |
|  |  | <input type="checkbox"/> Bleeding disorders       |

Are you currently taking any medication?  Yes  No  
If yes, please list: \_\_\_\_\_

I will provide the therapist with any medical issues or concerns I may have.

## CLIENT CONSENT

I hereby state that I have no known allergies to the ingredients of PureSculpt. I give my permission for this product to be applied on me. All facts, details & recommendations on our website & specialist are provided for information purposes only and are not intended to diagnose, prescribe or replace the advice of professionals. PureSculpt products are not a medication, and we can only make recommendation for suitability of our products in certain skin ailments & conditions. Any recommendations accepted by a purchaser are accepted entirely at the purchasers' risk. By purchasing PureSculpt you accept responsibility to check with a professional before using any products that may interfere with drugs or medical conditions. By purchasing PureSculpt you recognize and accept the fact that some natural ingredients, herbs, clays, oils in particular, may still cause sensitivity in susceptible individuals and that Pure Enterprises, LLC, will not be held responsible for such occurrences. We encourage those with sensitive skin to select tester spots where applicable and performing a patch test on the skin for possible reactions.

- I hereby take full responsibility and give my permission to receive the WoodSculpt Therapy treatment.  
 I hereby take full responsibility and give my permission to receive the Body Ice Therapy treatment.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_