Body Contouring Consent

Informed consent for non-invasive body contouring including cryolipolysis, electromagnetic muscle stimulation, radiofrequency, and ultrasound fat reduction

Client Information

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

MM / DD / YYYY

Treatment Details

Treatment type *

- [ ] Cryolipolysis (fat freezing)
- [ ] Electromagnetic muscle stimulation (EMS)
- [ ] Radiofrequency / Ultrasound fat reduction
- [ ] Combination

Treatment areas *

- [ ] Abdomen
- [ ] Flanks / Love handles
- [ ] Thighs
- [ ] Arms
- [ ] Buttocks
- [ ] Under chin
- [ ] Back / Bra line

Current weight

Weight change in the last 6 months

Have you had body contouring treatments before? *

- [ ] Yes
- [ ] No

Medical History

Are you pregnant, trying to conceive, or breastfeeding? *

- [ ] Yes
- [ ] No

Do you have any of the following?

- [ ] Autoimmune condition (lupus, RA, MS, etc.)
- [ ] Bleeding disorder or on blood thinners
- [ ] Diabetes
- [ ] History of keloid or hypertrophic scarring
- [ ] Cancer (current or within the last 5 years)
- [ ] Immunosuppressed / immune disorder
- [ ] None of the above

Do you have cryoglobulinemia, cold agglutinin disease, or paroxysmal cold hemoglobinuria? *

- [ ] Yes
- [ ] No

Do you have Raynaud's disease, cold urticaria, or severe cold sensitivity? *

☐ Yes ☐ No

Do you have a pacemaker, defibrillator, or implanted electronic device? *

☐ Yes ☐ No

Do you have metal implants, an IUD with copper, or metal near the treatment area? *

☐ Yes ☐ No

Do you have a hernia in or near the treatment area? *

☐ Yes ☐ No

Have you had surgery in the treatment area in the last 6 months? *

☐ Yes ☐ No

Do you have epilepsy or a seizure disorder? *

☐ Yes ☐ No

Do you have open wounds, rash, infection, or varicose veins in the area? *

☐ Yes ☐ No

Current medications and supplements

Allergies (medications, latex, lidocaine, anesthetics)

Risks & Complications

Potential Risks and Complications:

- Redness, swelling, bruising, numbness, tingling, and tenderness in the treated area for days to weeks
- Muscle soreness after EMS, similar to an intense workout
- Skin irregularity, contour asymmetry, or uneven fat reduction
- Paradoxical adipose hyperplasia — a rare enlargement of fat in the treated area months after cryolipolysis that may require surgical correction
- Frostbite, burns, or blistering (rare)
- Late-onset pain — nerve pain beginning days after treatment, usually resolving within weeks
- Hernia formation or worsening with EMS or suction
- Results vary and fat reduction per session is modest (typically 20–25% of fat in the treated area for cryolipolysis); a series of sessions is common

Body contouring is not a weight-loss treatment. Stable weight, hydration, and activity support results.

I understand that body contouring treats localized fat or muscle tone, that visible results develop over 2–3 months, that multiple sessions may be needed, and that no specific result has been guaranteed.

I understand this is not weight loss and results vary: _____

I understand the rare risk of paradoxical adipose hyperplasia after cryolipolysis, late-onset pain, burns, and contour irregularity, and I have disclosed any implants, hernias, or cold-related conditions.

I understand the risk of paradoxical adipose hyperplasia and other complications: _____

Photo Release

May we take before-and-after photos for your treatment record? *

- ☐ Yes — for my medical record only
- ☐ Yes — and you may use them anonymously for marketing
- ☐ No

Service Log

For office use only

	Date	Area	Device / Applicator / Settings	Notes
Entry 1				
Entry 2				
Entry 3				
Entry 4				
Entry 5				
Entry 6				

Consent & Signature

I voluntarily consent to non-invasive body contouring treatment. I have been informed of the benefits, risks, alternatives, and potential complications. I understand this is an elective cosmetic procedure, that it is not a substitute for weight loss, and that no guarantee of outcome has been made. I release the provider and practice from liability related to this treatment except in cases of negligence.

I confirm I have read and understood the above information and give my informed consent.

I have read and understand the above information: _____

Signature _____ Date _____

Print name _____

Date *

MM / DD / YYYY