

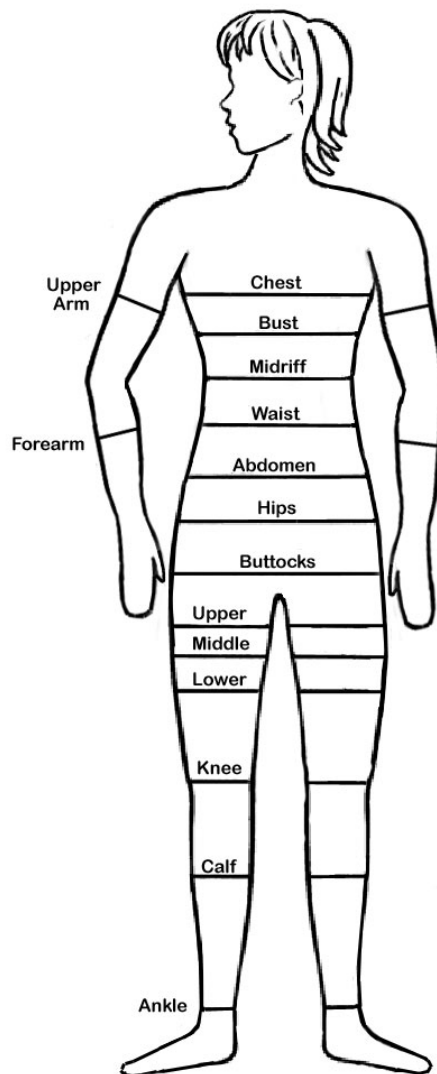
# Client Information & Measurements Chart

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phones: Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

Health Information	
Physical Condition	Good/Fair/Poor
Exercise	Regularly/Occasionally/ Rarely
Are you under a Doctor's Care	Yes / No
Surgery in the past 3 months	Yes / No
Pregnant	Yes / No
Claustrophobic	Yes / No
Serious Disease or Disability	Yes / No
Serious Back Problems	Yes / No
Any Heart Problem	Yes / No
High Blood Pressure	Yes / No
Liver Problems	Yes / No
Kidney Condition	Yes / No
Diabetes	Yes / No
Arthritis	Yes / No
Constipation	Yes / No
Allergies	Yes / No
Varicose Veins	Yes / No
Overweight	Yes / No
Desired Weight	



Please Read the following and Sign Below

I hereby release this spa/salon and wrap technician from any and all liability associated with this body wrap procedure and assume all risks in connection therewith, including known and unknown risks. I have been fully informed of the risks associated with body wrapping and medical conditions that I may have. I am of lawful age and have read and fully understand the contents of this document and represent myself as physically fit and capable of using the services offered.

Appointments not cancelled 2 hours in advance will be charged as a visit. Treatments are non-refundable and non-transferable and must be used within one year.

Client Agreement Signature \_\_\_\_\_ Date \_\_\_\_\_

Wrap Technician \_\_\_\_\_

# Inch Loss Measurement Chart

Client Name _____									
	1st Wrap Date _____			2nd Wrap Date _____			3rd Wrap Date _____		
	Before	After	Inches Lost	Before	After	Inches Lost	Before	After	Inches Lost
R. UpperArm									
R. Forearm									
L. UpperArm									
L. Forearm									
Chest									
Bust									
Midriff									
Waist									
Abdomen									
Hips									
Buttocks									
R. Upper Thigh									
R. Mid Thigh									
R. Lower Thigh									
R. Knee									
R. Calf									
R. Ankle									
L. Upper Thigh									
L. Mid Thigh									
L. Lower Thigh									
L. Knee									
L. Calf									
L. Ankle									
Total Inches Lost									
Amount Due / Paid									
Wrap Technician									
Comments									