
Client Intake & Consent for FasciaBlaster™

Date:

DOB:

Name:

Address:

Phone:

Email:

Can we add you to our newsletter list: Y /N

Occupation:

How did you hear about us?

Have you ever experienced a chiropractor, massage, physical therapy or bodywork session? Y / N

What kind of pressure do you prefer? Light / Medium / Firm

What are you goals for your

I understand these the importance of these recommended pre and post care:

- Drink half your body weight on ounces each day. Come hydrated. Warm showers, steam, sauna and exercise prior is suggested.
- The FasciaBlaster™ is a tool used to release adhesions and restrictions in the Fascia, promote blood flow and increase range of motion. Because of the increased circulation and breakup of myofascial adhesions, some discoloration in the skin may occur. It is temporary and part of the body's normal healing process. Arnica and Vitamin C may help with this discoloration.

I have been informed of the contraindications:

- People should avoid this treatment if on blood thinners pregnant, afraid of bruising, or under high amounts stress. If has been explained to me that there is possibility and even probability of temporary skin discoloration appearing as fascia is released. I agree to notify the technician of any physical discomfort experienced during the session. I have stated all physical conditions, and will inform the technician of any changes in my health. I give my consent to receive treatment.

Print Name:

Signature:

Date:

FasciaBlaster™ is a revolutionary tool that breaks through fascia, which can reduce cellulite,

minimize circumference and speed recovery. The accuracy of FasciaBlaster™ technology is still n
Potential reactions: Bruising it's certainly a part of fascia blasting.

First of all, the bruising that you see when fascia blasting is not the same as when you run into a table or when you've injured yourself and have internal bleeding. FasciaBlasting bruises are healthy, restorative, and cleansing. Here's what's happening in

FasciaBlasting bruises are not damaging; they are healing and a necessary part of restoration.

- It's a **sign that you've successfully separated the sticky layers of tissue. Blood rushes to the scene so that healing can begin in that area.** Tingling feeling may occur. ____ Initial
- When you are FasciaBlasting fat cells where fat has adhered to the layers of fascia or muscle, you **will get micro fissures in the capillaries as it's pulled apart. This leaves space for the oxygen-rich blood cells to move in and gobble up and breakdown the fat cells.** ____ Initial
- **Bound fascia will bruise more easily than not-so bound fascia** but it still depends on how much pressure you want to endure. However, going deeper initially will yield results more quickly, but you still have to decide what's right for you.

What can you do **minimize bruising?** (These are suggestions, NOT medical advice!)

Like H2O, Fascia can have different "states." It can be jelly like, semi-hydrated and chunky, or cold, tight and crystalized. Ideally, you want to get your fascia to the jelly state for fascia blasting. The two best ways to prepare your body are **heat and hydrate!** ____ Initial

- Internal and External Heat
- Get your heart rate up and raise your body's temperature!
- Go into a hot room, sauna, and bath, whatever. The hotter the better.
- Hydrate, Fascia actually has liquid running through it and if you are dehydrated (most people don't know it when they are) your fascia is going to be sluggish instead of clean. Make sure you hydrate first with water and make sure you are getting **electrolytes!**

What should you do after you bruise? Homeopathic Arnica & Vitamin C are excellent for repair. You can use Arnica gel externally or Arnica pills internally or high quality essential oils.

Treatment Recommendation: FasciaBlaster™ is best used in a series of 2-3 times per week for 6-8 weeks and follow up's or home use after. There are 2 phases of FasciaBlasting, the breaking down and the healing phase. Once you've achieved your desired result, you again have a choice with maintenance. Do it as needed, do it once a week, or every couple of weeks or every other day in a different area. Again, it's about personal preference and what works best for you!

Contraindications: People who are **pregnant, on blood thinners** should not experience FasciaBlaster™ techniques. If you start taking such medication please inform the therapist so your treatment plan can be adjusted. The therapist, Tamara Renee, CN and Clinical Aesthetic Technician of True Beauty, has provided me with information on the FasciaBlaster™ techniques as well as. If I choose to experience this therapy in my treatment, I understand the effects and after-care recommendations. **It has been explained to me that there is the possibility of a temporary skin discoloration like bruising or tenderness appearing and feeling as tissue is released.** I am aware that a bruise and that it will dissipate within a few days. I understand that all treatments by the therapist at this facility are therapeutic in nature and that I may feel flu like feelings and possibly a little nausea when my body released the stuck toxins. I agree to notify the therapist of any physical discomfort experienced during the session. I have stated all relevant physical conditions, and will inform the therapist of any changes in my health. ____ Initial

Areas and goals for the treated are:

- Abdomen Love Handles Back / Bra Line Buttocks Thighs (Front, Medial/Inner, Back of legs, Saddle Bags)
- Knees Arms / "Bat Wings" Other _____ Butt Shaping Cellulite Smoothie Scar Minimizing
- Increased circulation Overall Body Contouring in the above mentioned areas

Price quote/s & notes:

I hereby authorize _____ to treat me using FasciaBlaster™ system. I certify that I have read this entire document or that it has been read or translated to me and that I understand what it is presented here. I certify that I have the opportunity to ask questions and that my questions have been answered to my satisfaction. I certify

that I am an appropriate candidate for FasciaBlaster™ without contraindications and that I understand the treatment conditions, procedure, possible side effects/risks, and pre- and post-treatment instructions for best possible results and agree to abide by such recommendations. I understand the need for multiple treatments for best possible results as well as periodic maintenance treatments.

I consent to FasciaBlaster™ treatments or a series of treatments by Amy Millsap, L.M.T.

Patient Signature _____

Patient Printed Name _____ Date _____

Witness Signature: _____ Date _____