

# Client Treatment Consent Form



I duly authorise the consultant(s) of Fernwood Women's Health Club to perform the cell-IQ™ procedure for the purpose of spot fat reduction. I am aware that clinical results may vary depending on individual factors, including medical history, client compliance with pre/post treatment instructions, and individual response to the treatment. I have been made aware that my diet and the amount of exercise I do will have a major effect on the results of my treatments. If I do not make an effort to address my dietary requirements and exercise, I am aware that the results achieved may not be attained.

I understand the treatment involves a course of treatments. The fee structure has been fully explained and I understand that I am required to pay for a course of treatments prior to any procedures taking place. I am fully aware that should I wish to cancel the course the outstanding treatment value is non refundable. I understand my course is non transferable between Fernwood Clubs and must be undertaken at the club where sign up was completed.

The cost of the course of cell-IQ™ treatments is \$ \_\_\_\_\_

(Client initials) \_\_\_\_\_

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible complications, and I understand that no guarantee can be given as to the final result obtained. I am fully aware that my condition is of a cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so.

The client has presented herself for a course of cell-IQ™ treatments and has had the procedure, laser light, possible side effects and contra-indications explained to her,

By: \_\_\_\_\_ (please print name of consultant)

Club: \_\_\_\_\_

I understand that it is my personal responsibility to inform the consultant of the Club named above of any changes to my medical history during the course of cell-IQ™ treatment sessions and I confirm that should this occur I shall advise the consultant of any changes.

Payment is to be as per agreement, by way of cash, Credit, EFTPOS or direct debit. All appointments will be charged in full, unless 24 hours cancellation notice is given. The Club will not be held responsible for any injury to persons, damage to or loss of property on the premises while the client is on the premises. Fourteen days written notice is required if cancellation of all future treatment occurs, where they are being paid for via fortnightly direct debits. Refunds will only be considered if a medical condition supported by substantiating medical documentation is presented, showing that no treatments may be given for periods longer than 12 months. Only unused portion to be reimbursed less any treatments subject to 24 hours cancellation notice.

I certify that I have been given the opportunity to ask questions and all questions have been answered to my satisfaction. I have fully read and understood the contents of this consent form.

Client Name (Printed): \_\_\_\_\_

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

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

Consultant Signature: \_\_\_\_\_