



Client Interview Form

Date _____

Basic Information

First/Last Name _____ Middle Initial _____ Suffix _____

Street _____ City _____ State _____ Zip _____

Mobile Number _____

Email _____ Date of Birth ____/____/____

Height	Weight	Gender	Goal Weight
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Exercise: Specify frequency and duration for each activity

Cardio _____

Yoga _____

Pilates _____

Weight Training _____

Other _____

Diet: Please circle or Highlight responses

Are you on a specific diet? Yes No If yes, please elaborate _____

How many ounces to you consume in a day?

Under 32

32-64

64-96

96+

Average Daily Caloric Consumption

Under 1,500

Under 2,000

Under 2,500

2,500+

Alcohol Consumption

Light

Moderate

Heavy

Frequency _____ times per week

What Are your Treatment Goals?

Please Circle or Highlight areas you would like to address:

Face:

- Reverse signs of aging
- Reduce wrinkles
- Improve skin tone
- Better definition
- Lift cheeks

Neck:

- Turkey Neck/sagging skin
- Reduce wrinkles
- Tighten double chin

Decollete:

- Reduce wrinkles
- Crepey skin

Toning- Arms | Legs | Back | Abdomen | Chest |Hips| Circle or Highlight areas of concern

Specify problem areas of the body for each item

Crepey skin_____

Wrinkles_____

Hanging skin_____

Loose skin_____

Fat Reduction Circle or Highlight any areas that apply

- | | | | |
|------|---------------------|--------|---------|
| Arms | Abdomen | Thighs | Gluteus |
| Legs | Hips (love handles) | Calves | Back |

Cellulite Circle or Highlight any areas that apply

- Arms Thighs (Front Side Back) Gluteus

Definition|Contour Circle or Highlight any areas that apply

- | | | | |
|-------|------------|------|---------|
| Arms | Hips/Waist | Legs | Gluteus |
| Chest | Abdomen | Back | |

Muscle Relax Circle or Highlight any areas that apply

- Legs (Left Right- Thigh Calf Hamstring) Neck
- Arms (Right Left) Back

Office Use Only| Adicell Thermographic Film Interpretation

Presence of hardened fat on abdomen Light Moderate Severe

Cellulite analysis (list locations) Edemous_____ Fibrotic_____ Sclerotic_____