Cry Chakra
HEALING SANCTUARY

Consultation Form

Name: _____ Date: _____

Address: _____

City/Sate/Zip: _____

Cell Phone: _____ DOB: _____ Age: _____

Gender: ( ) Female ( ) Trans female/Trans woman

( ) Male ( ) Trans male/Trans man

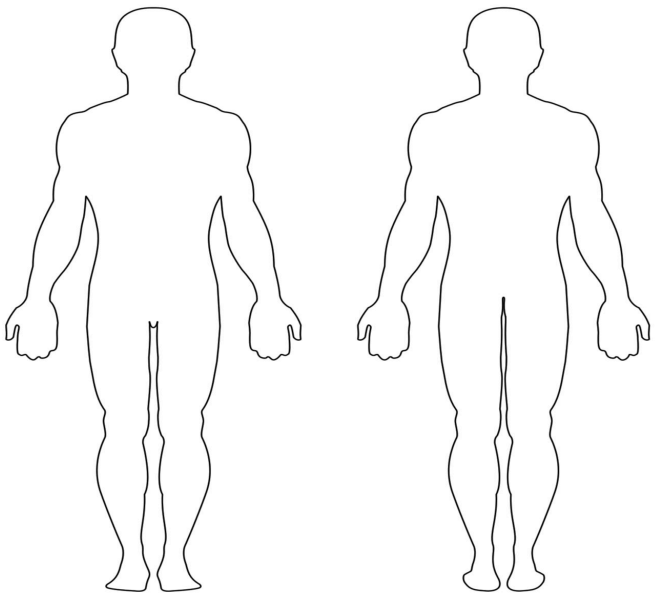
( ) Non-binary ( ) Prefer not to state

Activity Level: ( ) Low ( ) Moderate ( ) High

Treatment of Interest: ( ) Skin tightening ( ) Cellulite ( ) Facial tightening

( ) Pain/Injury ( ) Brazilian Butt Lift ( ) French Butt (less curvature)

Please mark all areas of the body you are concerned with:



1. Have you had any other aesthetic procedures: ( ) Yes ( ) No
(if "yes" please provide procedure and date)

_____

_____

_____

2. Do you have any of the following:

Do you have cancer or a history of cancer?	YES/NO
Are you undergoing active radiation/chemotherapy?	YES/NO
Do you suffer from serious kidney disorder?	YES/NO
Are you on dialysis?	YES/NO
Do you have any lymphatic drainage disorders?	YES/NO
Progressive Diseases (ALS, Parkinson's, MS, Neuropathy)	YES/NO
Wound healing disorders	YES/NO
Do you have circulatory or heart issues?	YES/NO
Have you had Botox in the past 30 days?	YES/NO
Have you had fillers in the past 90 days?	YES/NO
Do you suffer from Type 1 Diabetes?	YES/NO
Do you have loss of sensation in your extremities?	YES/NO
Scar tissue (in the area to be treated)	YES/NO
Have bacterial/viral infections of the skin?	YES/NO
Are you pregnant, lactating or undergoing IVF?	YES/NO
Do you suffer from Cold sensitivity or Reynauds?	YES/NO
Recent surgery? (last 3 months)	YES/NO
Do you have Eczema, Rashes, or dermatitis?	YES/NO
Have you had breast augmentation?	YES/NO
Silicone or other implants in desired treatment area?	YES/NO
Any other elective surgery?	YES/NO
Use of topical antibiotics in desired treatment area?	YES/NO
Do you currently have open or infected wounds?	YES/NO
Do you have mesh/metal inserts?	YES/NO
Are you currently taking hormone therapy of any kind?	YES/NO

Other:

_____

Current medications:

_____

3. What is your goal?

4. How did you hear about CryoChakra?

5. Did someone refer you? If so whom?