UltraSlim

Real people. Real results. Guaranteed.

248-366-3300
gordondc.com

Admission Form

First Name: _____ Last Name: _____ M.I. _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Location Where Service Is Provided: _____

Services To Be Provided:_____

What are your treatment goals?

How did you learn about these services?

How did you learn that these services are offered at this location?

Do you have any questions?

_____ _____

Signature Date

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HEALTH HISTORY QUESTIONNAIRE

Name *(Last, First, M.I.):* ☐ M ☐ F	**DOB:**
Home Address:	**Phone:**
Email:	
Location of Services:	

CHECK ANY CONDITION YOU CURRENTLY HAVE							
Pregnant Now, or Trying	☐	Yes	☐	No	Active Cancer Within A Year	☐ Yes	☐ No
Kidney Problems	☐	Yes	☐	No	Liver Problems	☐ Yes	☐ No
Doctor said you should avoid light?	☐	Yes	☐	No	Autoimmune disease	☐ Yes	☐ No
Lupus Erythematosus	☐	Yes	☐	No	Albinism	☐ Yes	☐ No

CHECK ANY PHOTO-SENSITIVE MEDICATIONS THAT YOU TAKE					
Gold or Gold 50	☐	Hostacycline	☐	Chloropromazine	☐
Fulvicin P/G or Fulvicin U/F	☐	Lymercycline	☐	Grifulvin V or Griseofulvin	☐
Gris-Peg	☐	Sumycin	☐	Grisovin	☐
Demecocycline	☐	Folex	☐	Ledermycin	☐
Doxycycline	☐	Ledertrexate	☐	Cyclidox	☐
Doryx	☐	Methotrexate Sodium	☐	Doxycyl or Doxytab	☐
Dumoxin	☐	PF	☐	Noritet	☐
Viacin	☐	Aratac	☐	Vibramycin	☐
Lymecycline	☐	Pacerone	☐	Minocycline	☐
Tetrasal	☐	Amioderone	☐	Minomycin or Minotabs	☐
Cyclimycin	☐	Codarone X	☐	Terramycin	☐
Oxytetracycline Be-oxytet	☐	Terra-Cortril	☐	Cotet	☐
Oxypan	☐	Trexall	☐	Quinolone Derivatives	☐
Ciprofloxacin	☐	Methotrexate	☐	Nalidixic Acid	☐
Norfloxacin	☐	LPF	☐	Oflaxacin	☐
Tetracycline Group	☐	Mexate AQ	☐	Achromycin or Acromysin V	☐
Actisite	☐	Thorazine	☐	Bristacycline	☐
Largactil	☐	Tetrex	☐	Helidac	☐
Auranofin	☐	Azathioprine	☐	Chlorpromazine HC	☐
Ridaura	☐	Roaccutane	☐		☐
Sonazine	☐	Isotretinoin Accutane	☐		☐

Client Signature _____ Date _____

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Model Release

In consideration of uncompensated services, my receipt of which and the sufficiency of which are hereby acknowledged, I, the undersigned, hereby consent to allow Mobile Laser Slimming, LLC (which does business in its name and with registered business names including UltraSlim, FitSlim Laser, MedSlim Laser, and iSlim Laser) to make digital recordings of me (video, photographs, or other digital recording) and grant all rights to any digital recordings of me in the possession of Mobile Laser Slimming, LLC, or hereafter acquired, including all rights to exhibit and publish the works in print and electronic form, publicly or privately, and to market and sell copies and to use these in any and all types of media, now or hereafter known, for the purpose of marketing and promotions. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used except as provided herein.

I further consent that my name and identity **MAY / MAY NOT** (circle one) be revealed therein or by descriptive text or commentary.

I understand that there will be no additional compensation or consideration for recording me or for any subsequent use. I represent that I am at least 18 years of age, have read and understand the foregoing, and am competent to execute this agreement.

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Witness for the undersigned: _____

Signature: _____