



Intake Form

Personal Information

Name _____ Age _____ Date of Birth _____
Height _____ Weight _____ Gender Male Female

Address _____
City _____ State _____ Zip _____

Married Divorced Single Widow
Children _____
Home Phone _____
Cell Phone _____
Work Phone _____
Email Address _____

Spouse _____ Phone _____
Emergency Contact _____ Phone _____

Occupation _____ FT PT
Employer _____

Primary Care Physician _____ Phone _____
 Y N Is it okay if we contact them about your care?

Y N Would you like to subscribe to our newsletter? [No more than 1-2 emails per month] Our newsletter includes health-related articles and healthy recipes.

Y N Is it okay if we send SMS text appointment reminders to your mobile phone?

How Did You Learn About Our Office?

- Attorney Family Google Other _____
- Mailer Co-Worker Yelp Counselor / Therapist
- Friend Physician Facebook Instagram

If referred, by whom _____

Signature Patient _____ Patient Name [Printed] _____ Date _____

If needed, Signature of authorized representative _____ Representative Name [Printed] _____ Relationship to patient _____ Date _____

Authorized Facility Signature _____ Date _____



Intake Form

Wellness Evaluation

Y N

- Are you satisfied with the shape of your buttock?
- Are you interested in strengthening your core muscles?
- Would you like to improve the tone of your arms?
- During the last month, have you accidentally leaked urine? [For example, when laughing, jumping, sneezing]

Y N

- Would you like to improve the tone of your calves?
- Are you satisfied with the appearance of your thighs?
- Are you interested in PRP for joint pain?
- Are you interested in IV treatments to help with hydration and detox while you are going through EMSculptNEO and EMSella treatments?

For the following questions, check off the numbers in the range that apply. For example, if it's 3-4 times... check off both 3 and 4. We're trying to see the range for where you're at.

- How many times per night do you wake up to use the bathroom?
- How many times per week do you exercise?

For the following questions, 0 is bad, 9 is good.

- How would you rate your core strength?
- How would you rate the quality of your sleep?
- How would you rate your sexual libido?

Which of the Following Sports/Exercise Activities Do You Participate In?

- Football Basketball Cycling Cross-fit Other_____
- Tennis Running Volleyball Soccer Yoga
- Swimming Pilates Weightlifting Golf Horseback Riding
- Snow Skiing Water Skiing Surfing Hiking Hockey

Tell us briefly what you hope to improve with EMSculptNEO and/or EMSella treatments.

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Contraindicators

Many of our patients find benefit in treatments with both EMSculptNEO and EMSella devices. While you may be initially coming in for treatment on the EMSculptNEO or EMSella, this form has combined questions and information regarding both devices and treatments. This is done to simplify the intake process as there is significant overlap in contraindications and considerations with both devices and related treatments.

Please Check if any of the Following Apply to You

- Cardiac pacemakers, Implanted defibrillator, Implanted neurostimulators, Electronic implants, Metal implants, Metallic IUD, Drug pumps, Systemic or local infections such as osteomyelitis and tuberculosis, Contagious skin disease, Cardiovascular disease, Heart disorders, Pulmonary insufficiency, Anticoagulation therapy, Hemorrhagic conditions, Septic conditions and empyema, Ares of skin which lack normal sensation [heat / pain], Acute inflammations, Malignant Tumor, Basedow's disease, Skin sensitivity, Surgeries

If any items in the previous section are checked - please elaborate:

Four horizontal lines for elaboration.

Treatment Considerations

Considerations Specific to Women

Initials

Consideration

I am aware that pregnancy is contraindicated and pregnant women cannot undergo the treatment.

I understand that I can't undergo the treatment when menstruating.

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General Considerations

Initials

Consideration

- _____ The **EMSculptNEO** is intended for non-invasive lipolysis, or breakdown of fat of the abdomen and thighs and reduction in circumference of the abdomen and thighs with Skin Types I - VI. The **EMSculptNEO** is also cleared for improvement of abdominal tone, strengthening of abdominal muscles and development of firmer abdomen; cleared for strengthening, toning and firming of buttocks, thighs and calves; also cleared for improvement of muscle tone and firmness and for strengthening muscles in arms.
- _____ The **EMSella** is intended to provide entirely non-invasive electromagnetic stimulation of pelvic floor musculature for the purpose of rehabilitation of weak pelvic muscles and restoration of neuromuscular control for the treatment of urinary incontinence.
- _____ Dr. Jennifer Burns, NMD, or another designated staff member at Burns Integrative Wellness Center will discuss your specific treatment needs. The recommended number of treatments for **EMSculptNEO** is 4. Treatments are typically 20-30 minutes per session, with sessions 5-10 days apart [2-3 days for HIFEM Classic Protocols]. With **EMSella**, the recommended number of treatments is 6. Typically treatments are 30 minutes per session. For **EMSella** sessions, the recommendation is to separate sessions by at least 2 days. Completing a full treatment series is necessary to maximize treatment efficacy. Due to the nature of the technology being used in the **EMSculptNEO** and **EMSella** devices, improvement will continue over the next few weeks after treatment. Additional treatments may be needed depending upon the severity of conditions treated with **EMSella** or the desired results with **EMSculptNEO**.
- _____ Before treatment, it is strongly recommended that you hydrate. Drink plenty of water. Alcohol dehydrates your body. To improve effectiveness of treatment- please avoid alcohol 1-2 days prior to your **EMSculptNEO** and **EMSella** treatments.
- _____ On the day of treatment, you will be asked to remove all metallic accessories and electronic devices prior to treatment.
- _____ With the **EMSella** treatments, you will remain fully clothed. It is recommended that you wear comfortable clothes that allow you to move freely and be comfortable.

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Consideration - Continued...

_____ With the **EMSculptNEO** treatments, clothing may need to be removed depending upon the treatment area. Treated areas should be shaved. Prior to **EMSculptNEO** treatment, the area will be wiped with alcohol to remove any moisture, perfume, moisturizers or oils. Please do not add additional moisturizers or oils to the treatment areas prior to your session. With the **EMSculptNEO**, the applicators need to be in direct contact with skin. Please wear appropriate undergarments that will balance the need to access treatment areas while providing some level of modesty. For example- if the buttocks area is being treated, a thong will provide access to the treatment area while not requiring full nudity. For thighs- underwear should be short enough to allow free access to the inner thighs while still covering genital areas. For 'saddlebags', and upper thigh treatments, underwear should be high rise on the legs to provide appropriate access while not exposing genital areas. For women, a sports bra [no metallic underwire] is recommended for treatment sessions.

_____ Successful treatment outcome can be affected by smoking, excessive alcohol consumption and eating disorders or some medications. While no special diet is required, you are encouraged to eat and live healthy to promote and maintain results from **EMSculptNEO** and **EMSella** treatments. If you have questions about ways to improve nutrition and health, please ask. At Burns Integrative Wellness Center we offer services to help patients improve their health with specializations including medical nutrition, hormone balancing, gut health, allergies and brain health. We also have IV protocols to help with detox, vitamin deficiencies, hydration, brain health and more.

_____ There is typically no pain associated with **EMSculptNEO** and **EMSella** treatments. There is no anesthesia required. You will experience gradually increasing tingling and muscle contractions. With the **EMSella** treatments, this will be in the pelvic area. With the **EMSculptNEO** treatments, this will be in the targeted treatment area around the applicator placement.

_____ I am aware that the treatment cannot be applied over the head, heart and neck.

_____ I am aware that as is the case with every heat-based therapy, in rare cases, an occurrence of localized overheating of tissue can occur. If you experience excessive heat or discomfort during a session, please let the Doctor or authorized operator know immediately. The treatment can and should be adjusted real-time to remove discomfort.

_____ I understand that there are certain risks associated with **EMSculpt** and **EMSella** treatments. Risks include, but are not limited to, muscular pain, intramuscular fat decrease, temporary muscle spasm, temporary joint or tendon pain, local erythema [or skin redness], increased menstrual flow in female patients and panniculitis¹

_____ I understand that the treatment over injured or otherwise impaired muscles is contraindicated.

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Consideration - Continued...

- I understand that treatment after recent surgery is contraindicated. Muscle contractions can interfere with tissue that is still healing after surgery. If you have had a recent surgery, please discuss this with Dr. Jennifer Burns, NMD or designated staff members to identify if EMSculptNEO and EMSella treatments could interfere with healing. We will work with you to determine when treatments can continue without interfering with your recent surgery.
- I agree to before and after treatment photographs, measurements and weighing, as this will help for medical evaluation of the results of the treatment. Information will be acquired for medical records and/or marketing purposes.
- I understand the results may vary from person to person and that an exact result cannot be predicted. Completing a full treatment series is necessary to maximize treatment efficacy. It is very unlikely, but it is possible that you will not feel any recognizable results after the procedure. I acknowledge the results may not meet my expectations.
- I understand that the treatments are non-refundable.
- I am willing to fill in forms and/or anonymous questionnaires if requested, as this will help for medical evaluation of the results of the treatment. Information will be acquired for medical records or marketing purposes.
- I understand that I will not lose weight with EMSculptNEO or EMSella treatments. There is typically muscle gain.

Additional Questions for Women

Check all that currently apply.

- Postpartum Nursing Menstruation Pregnant

Y N

- Have you been pregnant? If so, check all that apply:
C-section
Vaginal birth

Cancellation Policy

To better serve our patients, we require 24-hour notice if an appointment is to be canceled or rescheduled. This will ensure maximum availability to all patients who need to see us.

If you do not provide us 24 hours advance notice of cancellation you will be responsible for the entire payment of the office visit.

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Acknowledgment of Reading / Explanation / Consent to Treat

This page is to be initialed and signed AFTER you have met with Dr. Jennifer Burns, NMD or one of her designated staff members at Burns Integrative Wellness Center regarding EMSculptNEO or EMSella treatments. Signatures and initials on this page [page 8] verify you have had the opportunity to discuss treatment options, concerns and ask questions appropriate for your treatment plan.

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Consideration

- I certify that I have read this entire document and that I agree with all provisions. I certify that I have had the opportunity to ask questions and these questions have been answered in full to my satisfaction. I fully understand the treatment conditions, the procedure, and possible side effects.
- I understand that the treatment may involve risks of complications or injury from both known and unknown causes and I freely assume these risks. If I am experiencing any discomfort during a session I will immediately let the Doctor or designated staff know so that treatment can be adjusted quickly.
- I have read the above information and I request and give my consent to be treated with the EMSculpt and/or EMSella by physician(s) at Burns Integrative Wellness Center and their designated staff.

My signature at the bottom of this and previous pages indicates that the information I have provided is accurate and current.

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