

# Wickiser Physical Medicine, LLC

122 E. West Parkway  
Anderson, SC 29621  
864-226-8868

## Lipo-Light Intake Form

Your success is our #1 priority.

Help us to help you achieve that success by filling out this questionnaire as completely as possible.

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

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Education: \_\_\_\_\_ College Degree: \_\_\_\_\_

Major: \_\_\_\_\_ Occupation: \_\_\_\_\_ Favorite Hobbies: \_\_\_\_\_

Do you enjoy your work? \_\_\_\_\_ Do you feel stress (explain)? \_\_\_\_\_

Are you currently under the care of a physician? \_\_\_\_\_

Do you exercise? \_\_\_\_\_ How often? \_\_\_\_\_ What type? \_\_\_\_\_

Do you get angry often? \_\_\_\_\_ Are you happy (if not, why)? \_\_\_\_\_

What worries you most? \_\_\_\_\_

What do you expect from your **Lipo-Light** treatment? \_\_\_\_\_

Why did you choose us for **Lipo-Light**? \_\_\_\_\_

If you were referred by one of our former clients, please tell us who we can send a Thank You note to:

\_\_\_\_\_

**Weight Loss:**

How long have you been overweight? \_\_\_\_\_

How much weight have you decided to lose? \_\_\_\_\_

How many times have you failed at weight loss? \_\_\_\_\_

What methods failed to help you lose weight? \_\_\_\_\_

Does your weight problem make you physically uncomfortable (explain)? \_\_\_\_\_

Does your excessive weight limit you and your activities (explain)? \_\_\_\_\_

How many times a year do you diet? \_\_\_\_\_

Do you suffer from uncontrollable cravings (explain)? \_\_\_\_\_

Do you feel out of control? \_\_\_\_\_

Do you eat because of emotions (explain)? \_\_\_\_\_

Are you embarrassed about your weight? \_\_\_\_\_

Is successful weight loss a top priority (explain)? \_\_\_\_\_

Will you purchase a new wardrobe when you lose weight? \_\_\_\_\_

What new activities will you become involved in after losing weight? \_\_\_\_\_

Are other members of your family overweight? \_\_\_\_\_

Briefly describe your eating behavior: \_\_\_\_\_

Do you believe weight loss has to be painful? \_\_\_\_\_

How fast do you want to be thin, trim, and fit? \_\_\_\_\_

Do you feel that your eating behavior is normal? \_\_\_\_\_

Does your family support your weight loss efforts? \_\_\_\_\_

Does being overweight limit your social life? \_\_\_\_\_

Do you feel tired, run down, and out of energy? \_\_\_\_\_

Can you remember being your ideal weight (explain)? \_\_\_\_\_

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Has being overweight caused you pain and suffering (describe physical and emotional pain)?

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Circle the most important element in deciding to use our services (circle one):

Effectiveness (your results)

Time (how fast you get results)

Service (how we respond to your needs)

Affordable (what we charge)

# Lipo-Light Consent and Release Form

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ DOB \_\_\_\_\_

## **Program and Background**

You have requested to be treated with the Lipo-Light LED light therapy manufactured by Innovative Photonics Ltd; in which the treatments will be held at the office of Wickiser Physical Medicine. This treatment is the application of a 635nm of LED light, which has been shown through extensive research to cause the fat within the adipose (fat cell) to leave the cell and accumulate in the interstitial space around the cells, the LED light used for this treatment has no effect on tissue. Instead, the non-invasive LED light helps the body break down fat by stimulating its biological function. Excess fat is then removed naturally by the body's lymphatic system and subsequently excreted without the negative side effects and downtime associated with more invasive procedures such as liposuction. Any medical or cosmetic procedure carries risk, complications and varied results as to the effectiveness of a particular treatment. The purpose of this document is to make you aware of the nature of this product and its risks in advanced so that you can decide whether to go forward with this procedure.

## **Procedure**

Initially you will consult with the therapist to determine if you are a candidate for the Lipo-Light LED therapy. During this time you will have the opportunity to ask questions or voice concerns you may have regarding this treatment. If it is determined you are a candidate for this procedure, there will be a few preliminary steps consisting of: initial paperwork, measurements, pre and post treatment photos and suggested course of treatment. The treatment will be administered by placing up to 16 Lipo-Light LED paddles on the desired area(s) to be treated. It is recommended that a patient will need a minimum of 8 treatments for the Lipo-Light LED therapy to achieve its desired effect. This treatment should be used in conjunction with a healthy diet and exercise. If you are not currently exercising you should consult a health care professional before beginning an exercise program to determine if your body is physically able.

## **Risks/Discomfort**

This treatment is non-invasive and uses LED Light paddles with 30 diodes per paddle. During treatment there should be no discomfort, the client will feel the warmth of the light and the tightness of the bands holding the paddles. If for any reason, during treatment, that the client feels discomfort tell clinician immediately. If paddles are left on client after client has reported this discomfort, it is at the client's own risk and provider assumes no responsibility. Lipo-Light is suitable for anyone over 18.

Anyone suffering from the following would **NOT** be suitable for Lipo-Light or Whole Body Vibration:

- Pregnant
- HIV-AIDS
- Hepatitis C/D
- Active cancer
- Heart disease (not under the control of a physician)
- Heart/pacemaker
- Autoimmune disease (not under the control of/or monitored by a physician)
- Thyroid problems (not controlled by medication)
- Hip, Knee or Shoulder implants

- Epilepsy
- Severe Diabetes
- Acute hernia, discopathy, or spondylolysis
- Recently placed IUD's, metal pins or plates
- Herniated spinal disc

Please be advised that the Whole Body Vibration Platform Device is being used for the purpose of Lymphatic drainage and other health benefits.

**Benefits**

Over the years the benefits of LED Light therapy have become more prominent. LED Light therapy has been used in many studies for pain management and recently by cosmetic surgeons to emulsify adipose before liposuction with FDA approval. The potential benefit of this treatment is body contouring without surgery. Problem areas or excess pockets of fat can be targeted, however the most commonly treated areas are the stomach, hips, flanks, and thighs. In clinical trials patients have averaged 2-5cm lost from there stomach, hips, and thighs. These results vary and no guarantee is implied or suggested that desired results will be achieved.

**Alternatives**

This is strictly a voluntary cosmetic procedure. No treatment is necessary or required and the Lipo-Light LED therapy has been chosen by the client.

**Questions**

By signing below, you certify that this procedure has been explained to you and your satisfaction. Any further questions can be directed to the Wickiser Physical Medicine Therapist.

**Consent**

I have reviewed this consent form. My consent and authorization for this procedure are strictly voluntary. By signing the informed consent form I grant authority for Wickiser Physical Medicine to perform the described treatment. The purpose of this procedure; risks, complications, alternative methods of treatment have been fully explained to my satisfaction. Cosmetic indications for these procedures include, but are not limited to, cellulite reduction, treatment of problem fat areas, skin tightening, and skin rejuvenation. You may experience increased redness to the area for up to 12 hours. You will be able to return to normal activities following the treatment. Any photos taken will be used to show the client's progress and may be used in marketing ads.

I have been informed of the potential risks and side effects of Lipo-Light including, but not limited to redness, swelling, heat sensitivity, pain, increase bowel movements and increased urination. The risks, potential damages and adverse side effects have been explained to me and I fully understand.

\_\_\_\_\_ Initial

I understand that a number of treatments, according to your BMI (Body Mass Index), are required to achieve full results. At that point, I will be re-evaluated to see if more sessions are needed in order to achieve realistic goals. Each body is different and may require more or less treatments depending on the client's diet, exercise, metabolism and body type. I understand the treatment is most successful if I also maintain a healthy diet and commit to an exercise program. I know that if after the treatment course I gain weight, the results of the Lipo-Light may be reversed.

\_\_\_\_\_ Initial

No guarantee has been given by anyone as to the results that may be obtained by this treatment. I have read this informed consent and certify that I understand its contents in full. I have had enough time to consider the information and I feel I am sufficiently advised to consent to this procedure. I hereby give my consent to have this procedure.

If at any time during the Lipo-Light procedure I experience pain or discomfort of any kind, I agree to inform the staff immediately and/or terminate the session at my discretion. The undersigned assumes all responsibility for behavior of self and their clients and agrees to abide by all Rules and Procedures of the property. The clients and all persons on the premises by invitation of the clients hereby hold Wickiser Physical Medicine, its employees, the LLC or any individual connected in any way to Wickiser Physical Medicine, harmless for any responsibility or liability for any accident, injury, illness or damages sustained by, or to any person or their personal property during their treatment appointments or use of facilities. Wickiser Physical Medicine shall be indemnified and held harmless by the clients, and clients agree to pay all costs incurred in connection with any accident, injury, illness or property damage loss, including attorney's fees, regardless of how it may have occurred. The undersigned hereby releases and indemnifies Wickiser Physical Medicine and holds harmless any employee, the LLC or any individual connected in any way to Wickiser Physical Medicine for any loss of personal property and/or accident causing personal injury of any nature, including reasonable attorney's fees and court costs in connection therewith.

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ Date \_\_\_\_\_

I further state that I am of lawful age and legally competent to sign this aforementioned release; I understand the terms herein is contractual and not a mere recital; I have signed this document of my own free act.

At Wickiser Physical Medicine we place the highest priority on the client's right to privacy. Our office staff is trained to protect our private health information. We value your privacy, and are committed to maintaining your security and confidentiality in the use of any information you choose to share with us. We do not disclose identifiable information to any third party without your consent. Further, we do not sell, rent, or otherwise allow the unauthorized outside use of personal information such as names, addresses, phone numbers, or email addresses in our database without your permission. Copies of this form and signature will be valid as if original if this document is digitally scanned.

I have explained the procedure, alternatives, and risks to the person or persons whose signature is affixed below. The patient has verbally communicated to me that they understand the contents of this form.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date

**Wickiser Physical Medicine, LLC**  
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## **Instructions for Optimal Results**

### **Eating Do's and Don'ts**

#### **Do's**

- Eat 3 healthy meals (eat breakfast within 30 minutes of getting up) with a healthy snack in between (except **NO** eating 2 hr. before/after treatments)
- Keep your carbohydrates and sugars less than 39 grams per day (rice, pasta, bread, potatoes, etc.)
- Drink lots of water (half your body weight in oz/day), drink a full 8oz glass of water first thing in the morning after getting up.
- Eat lots of fresh fruits and veggies
- Eat lean meat (chicken and fish)
- Exercise at least every other day for about 30 minutes, you will burn double the calories if you exercise within 12-24 hours after your session.
- Get plenty of sleep and rest (7-8 hours)

#### **Don'ts**

- Do not drink soda (not even diet) or high calorie drinks.
- Do not eat or drink anything with artificial sweeteners, a healthy alternative to white sugar is stevia.
- Avoid alcohol, beer, and wine if possible (small amount before 8pm)
- Do not wear any lotions or oils on the target area that we are treating. (We will not be able to perform treatment if you do.)

## Exercise Tips

- Start walking! It's a great exercise that most anyone can do. There is outdoor and indoor walking. You can burn 500 calories doing one and a half hours of race-walking. Granted, this is something you will have to work up to. Beginners would be better served by doing two shorter walks throughout the day and working up to their speed. Some people find race-walking awkward and may want to do regular jogging instead. A full hour and a half of jogging will burn 500 calories. A combination of fast walking and jogging will also bring the same results.
- Leisurely biking (less than 10 mph) is another great exercise. To burn 500 calories you would need to do three hours, this may seem like a lot, but time goes by very fast when riding a bike. To shorten the time needed to burn 500 calories, you have to increase your speed. If you really want to burn those calories quickly, work on increasing your speed at each outing. Going between 10-12 mph will cut your time in half! Get out and ride in your neighborhoods, parks and trails.
- Another great way to burn 500 calories is by dancing. Look for Zumba classes you can attend, or buy the videos to do at home. It takes a little over 2 hours of general dancing to burn 500 calories. Go out on the town with friends and dance, you can do two hours of dancing without even thinking about it.
- Yoga is also great for burning calories and toning. You can burn 500 calories doing sixty minutes of a vigorous yoga routine or two and half hours of a gentle yoga routine. We have a gentle 45 minute yoga class here at the office on Tuesdays at 11:30am with instructor Jennifer Del Verde, everyone is welcome, first class is FREE, cost is \$5.00 after that. Let us know if you would like to sign up to come.



Date:

■ PERSONAL DETAILS

Surname: First Name: F M

Address:

Tel: Mobile:

Profession:

Recommended by:

Name of GP:

■ MOTIVATION

■ DAILY LIFE

Tobacco: Cigarettes/day:

Drinks: Water: Litres/day

Balanced nutrition: Yes No Diet: Yes No

Physical activity: Yes No Details:

Psychological stress: Yes No

■ FEMALE DATA

Pregnancy:

Date:

Date:

Date:

Contraception Yes No Hormone Replacement

Menopause: Yes No Therapy: Yes No

**■ MEDICAL CASE HISTORY**

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**■ CURRENT MEDICAL TREATMENT**

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**■ CONTRA-INDICATIONS**

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Age: \_\_\_\_\_ Height: \_\_\_\_\_

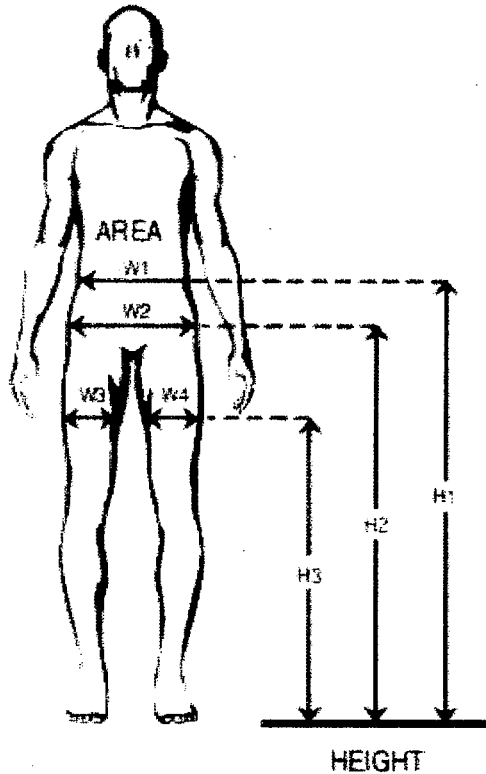
|                    | Evaluation 1 | Evaluation 2 | Evaluation 3 |
|--------------------|--------------|--------------|--------------|
| <b>Weight</b>      |              |              |              |
| <b>BMI</b>         |              |              |              |
| <b>Bioelectric</b> |              |              |              |

|                               | Evaluation 1 | Evaluation 2 | Evaluation 3 |
|-------------------------------|--------------|--------------|--------------|
| <b>Sensitive skin Y/N</b>     |              |              |              |
| <b>Infiltrated Y/N</b>        |              |              |              |
| <b>Soft Y/N</b>               |              |              |              |
| <b>Firm Y/N</b>               |              |              |              |
| <b>Cellulite* (Grade 0-3)</b> |              |              |              |

\* 0-NORMAL, 1- SUBCUTANEOUS FAT DURING THE PINCH TEST, 2-CELLULITE SWELLING, DISAPPEARS WHEN LYING, 3-CELLULITE SWELLING AND WHEN LYING

**■ EVALUATION**

Place a mark on the navel at height (H1) and a further two marks, one on each side of the hips, at the same height (H1). Record H1, H2 or H3 as these will be used as reference heights at each measurement date. Measure 25mm ABOVE and 25mm BELOW each of these three points and place a mark at each of these ABOVE and BELOW points as illustrated on the diagram. Measurements should be taken before and after treatment by placing the measuring tape along these three points. Measurements should be taken in cm, as typically a reduction of 2-4cm is seen.



**■ MEASUREMENT HEIGHT**

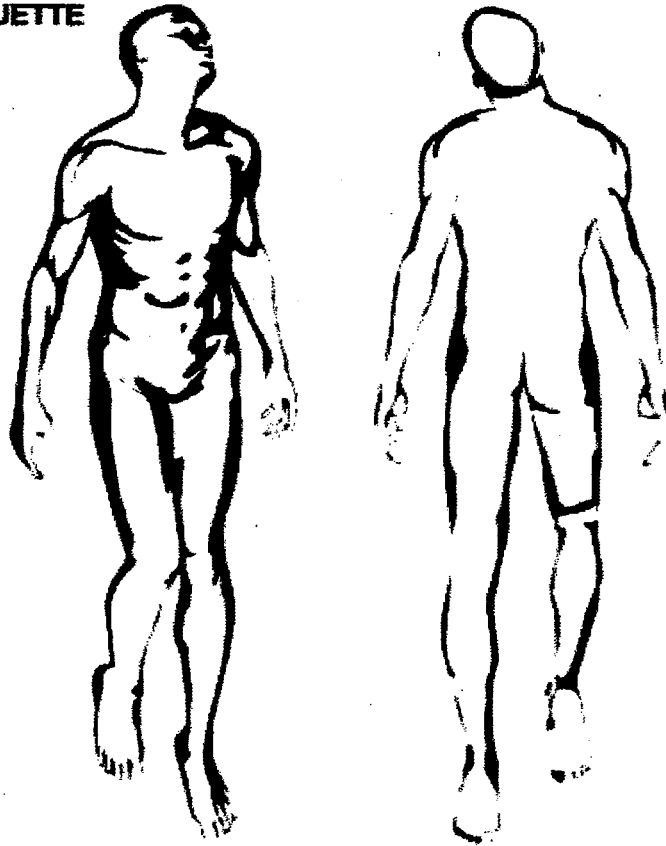
| DATE | H1 | H2 | H3 |
|------|----|----|----|
|      |    |    |    |

**■ MEASUREMENT**

| AREA | Evaluation 1 |       | Evaluation 2 |       | Evaluation 3 |       |
|------|--------------|-------|--------------|-------|--------------|-------|
|      | Before       | After | Before       | After | Before       | After |
|      |              |       |              |       |              |       |
|      |              |       |              |       |              |       |
|      |              |       |              |       |              |       |
|      |              |       |              |       |              |       |
|      |              |       |              |       |              |       |

\*MARK THE CLIENT AT 3 POINTS E.G. W1 - 25MM AND H1 - 25MM USE 3 SETS OF MARKS TO OBTAIN CONSISTENT RESULTS ALL MEASUREMENTS TO BE IN CM

■ SILHOUETTE



Make a direct note of the following on the figure:

(W) EXCESS WEIGHT

(C) CELLULITE

(L) LOOSE SKIN

(VA) VARICOSE VEINS

(S) STRETCHMARKS

(/) SCARS

■ LIPO-LIGHT, PHOTOS

Evaluation 1 date:

Evaluation 2 date:

Evaluation 3 date:

■ OBSERVATIONS

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