



I-Lipo Client Medical Consultation/Treatment Record

Title (Mr./Mrs./Ms./Miss)		GP Name& Surgery:	
Client Name:		GP Contact #:	
Address:		Tel Home:	
		Tel Work:	
		Tel Mobile:	
		Email Address:	
Zip Code:	Date of Birth:	Gender: Male/Female	

How did you hear about us?:

Are you currently suffering of have suffered from any of the following:			
	Yes	No	Comment
Epilepsy			
Urine Infection			
Diabetes			
Cancer			
Medical Edema			
HRT (hormone replacement)			
Contraceptive			Pill/Coil/Other
Kidney Problems/Issues			
Auto Immune Disease			
Currently Pregnant			
Gastric Ulcers			
Any infection, fever, or disease			
Cardiovascular Conditions			(thrombosis, phlebitis, hypotension, hypertension, heart conditions/disease/pacemaker)
Regular antibiotics/medications taken			
Any condition being treated by practitioner:			
Use of recreational drugs or alcohol:			

Do you have any of the following?			
	Yes	No	Comments
Thyroid Problems			
Any metal pins/ plates/ cosmetic implants/Interstim			
Dermatitis or other skin issue			
Muscular/Skeletal Problems			Back aches/ Pain/ Stiff Joints/ Headaches
Digestive Problems			Constipation/ Bloating/ Liver/ Gall bladder/ Stomach
Circulation Problems			Heart/ Blood Pressure/ Fluid retention/ Varicose Veins
Gynecological Problems			Irregular periods/ PMT/ Menopause
Nervous System Problems			Migraine/ Tension/ Stress/ Depression
Immune System Problems			Prone to infection/ Sore throats/ Colds/ Chest/ Sinuses
HIV			

Lifestyle Questions:			
	Yes	No	Comment
Last Period Dates:			
Job Description:			
Do you eat regular meals?			How many per day?
Do you eat in a hurry?			
Do you exercise?			Occasionally Irregularly Regularly
Please list types of exercise:			
Do you take vitamins?			Please list:
Do you have allergies?			Please list:
How would you mark your current stress level? (1 is low, 10 is high)			
Do you smoke?			How many per day?
Do you drink alcohol?			How much per week?
Date of last visit to Dr:			

Recent Surgeries/Fractures/ Scars/ Localized Swelling: (3 months for fractures, up to 1 year for surgeries):



I-Lipo Patient Instructions

It is ESSENTIAL that you follow these instructions for optimal results from I-Lipo treatments!!

WEEK PRIOR TO TREATMENT IF POSSIBLE – IF NOT, DAYS PRIOR:

- Liberal water intake: More than 32 ounces a day
- OK to take ALL medications, even diuretics (substance that increases flow of urine)
- DO NOT BINGE EAT!!!
- DO NOT DRINK ALCOHOL THE NIGHT BEFORE I-LIPO!!

DAY OF TREATMENT – PRIOR TO TREATMENT:

- Drink 24 ounces of water (coffee, tea, cola DOES NOT count as water!!)
- HOLD diuretics until day after (if applicable)
- Take normal medications, but DO NOT take diuretics
- Do not drink caffeine 3-4 hours prior to treatment
- Do not drink carbonated drinks 3-4 hours prior to treatment
- Do not have a heavy meal prior to treatment (Eat but do not overstuff yourself)
- Do not fast prior to your treatment. Not eating will make your body go into starvation mode and your treatment results will not be as significant

IMMEDIATELY AFTER I-LIPO:

- YOU MUST PARTICIPATE IN AEROBIC EXERCISE-i.e. walk or run on treadmill, cycle, or elliptical exercise at our clinic. The longer the exercise, the more likely it is that the fat that was mobilized into the circulatory system will leave the body! Drink another 36 ounces of water after i-lipo and during exercise if possible. You can typically expect the following as a result of your hard effort (exercise).

30 minutes exercise = 40-60% of fat metabolized = FAIR results

45 minutes exercise = 60-80% of fat metabolized = GOOD results

60 minutes exercise = 80-100% of fat metabolized = EXCELLENT results

- **DO NOT DRINK ALCOHOL and DO NOT BINGE EAT!!** You may experience hunger cravings because a lot of fat has been metabolized and your body is not used to that! Fight the hunger pains (if any) and stick to good eating habits

DAY AFTER TREATMENT:

- Continue liberal water intake
- Resume diuretics (if applicable)
- Watch your appetite as it may be increased- **DO NOT** increase normal calorie intake
- Exercise if possible- remember a large amount of fat has been dumped into the circulatory system and it's important to burn all that you can to prevent it from re-storing

PLEASE REMEMBER THAT YOU HAVE LOST A SIGNIFICANT AMOUNT OF FAT FROM ONE AREA OF YOUR BODY BUT THE WEIGHT LOSS CAN BE REVERSED BY:

- **DRINKING ALCOHOL**
- **BINGE EATING (eat 4-6 meals daily and spread out your calorie intake)**
- **EATING TOO MUCH CARBOHYDRATES**