

## DERMASHAPE PROGRESS CHART

### Client Information

Client Name: \_\_\_\_\_

Date of First Treatment: \_\_\_\_\_

Therapist: \_\_\_\_\_

	1 <sup>st</sup> Treatment		6 <sup>th</sup> Treatment				12 <sup>th</sup> Treatment			
	right	left	right	left	Change		right	left	change	
Date					right	left			right	left
Weight										
BMI										
Arms										
4" above navel										
Waist										
Navel										
2" below navel										
Upper Hips										
Lower Hips										
Knee										
6" above										
Top of Thigh										

### TOTAL INCH LOSS SUMMARY

Total Inch Loss (6 treatments): \_\_\_\_\_

Total Inch Loss (12 Treatments): \_\_\_\_\_

Primary Area of Greatest Change: \_\_\_\_\_

**DERMASHAPE PROGRESS LOG**

#	Date	Wt.	Pmt	Therapist	Notes
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

**DERMASHAPE CONS**

Individual Treatment Cost:

Package of 6 treatments:

Package of 12 treatments:

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I, \_\_\_\_\_, confirm that I am voluntarily consenting to receive Dermashape treatments and understand that I may ask questions at any time prior to or during treatment. I understand that Dermashape treatments are non-invasive wellness and body-contouring services intended to support lymphatic flow, tissue mobilization, and overall appearance of the body.

**POSSIBLE REACTIONS:** I understand that temporary responses may include fatigue, headache, mild nausea, increased urination, skin sensitivity, mild bruising, or emotional release symptoms as part of lymphatic stimulation.

**CONTRAINDICATIONS:** I confirm that I have disclosed all relevant medical conditions and understand that I should not receive treatment if I am pregnant, have active cancer, untreated blood clotting disorders, active infections, or serious uncontrolled cardiovascular conditions unless cleared by a physician.

**CONFIDENTIALITY:** All personal and health information provided is confidential and will be used solely for treatment purposes.

**CANCELLATION POLICY:** I understand that 24-hour notice is required for cancellations or rescheduling. Late cancellations or no-shows may be charged in full.

**LIABILITY RELEASE:** I understand that Dermashape and its practitioners are not diagnosing, treating, or curing any medical condition, and I release them from liability for any adverse reactions that may occur from treatment.

**RESULTS DISCLAIMER:** I understand that no specific outcomes are guaranteed.

**PHOTOGRAPHY CONSENT (optional):**

I consent to before/after photos for progress tracking and/or marketing purposes (circle one):  
YES / NO

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

Signature: \_\_\_\_\_

## CLIENT CONSULTATION FORM

### Personal Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Unit: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

### Health Screening *(please check if applicable)*

Cancer	<input type="checkbox"/>	Stroke	<input type="checkbox"/>
Blood Clot	<input type="checkbox"/>	Pregnant/Breast Feeding	<input type="checkbox"/>
Liver Disease	<input type="checkbox"/>	Thyroid	<input type="checkbox"/>
Hepatitis, Cirrhosis	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	Gall bladder removed	<input type="checkbox"/>
Lymph Nodes Removed	<input type="checkbox"/>	Gout	<input type="checkbox"/>
Glaucoma	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
High Cholesterol	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>
Menstrual Irregularities	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>
Migraines	<input type="checkbox"/>	Hypoglycemia	<input type="checkbox"/>
Gall Bladder Disease	<input type="checkbox"/>	Anemia	<input type="checkbox"/>
Heart Attack	<input type="checkbox"/>	Kidney	<input type="checkbox"/>

### Clinical History *(please check if applicable)*

Fatigue	<input type="checkbox"/>	Headache	<input type="checkbox"/>	Chest Pain	<input type="checkbox"/>	Joint Pains	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>
Heartburn	<input type="checkbox"/>	Indigestion	<input type="checkbox"/>	Mood Swings	<input type="checkbox"/>	Vomiting	<input type="checkbox"/>	Excessive Gas	<input type="checkbox"/>
Binge Eating	<input type="checkbox"/>	Bloated	<input type="checkbox"/>						

### Lifestyle Habits

Do you smoke? Yes  No

Alcohol consumption per week: \_\_\_\_\_

Caffeine intake per day: \_\_\_\_\_

Daily water intake: \_\_\_\_\_

Exercise frequency: \_\_\_\_\_

Sleep quality: Good  Average  Poor

Energy level: Good  Average  Poor

## DERMASHAPE AFTERCARE GUIDELINES

These steps support circulation, lymphatic flow and optimal treatment results.

- **Follow the fat-free diet 6 hours after treatment**  
Supports the body's natural processing of released fats
- **Hydration**  
Proper hydration supports lymphatic drainage and helps the body eliminate waste more efficiently
- **Movement after treatment**  
Aim for 30 minutes in your fat burning zone ( $220 - \text{age} \times 60\%$ ). Light activity such as walking, rebounding, strength training, or yoga helps stimulate circulation and lymphatic flow
- **Dry brush**  
Stimulates circulation and support lymphatic flow. Use gentle upward strokes towards the heart
- **Epsom salts and baking soda baths**  
May assist the body's natural recovery process and alkalinize the body.  
1 cup of each Epsom salt and baking soda
- **Lecithin**  
Supports fat emulsification and breakdown
- **Vitamin C**  
Supports collagen production, tissue repair and vessel strength

## 6 Hour Fat-Free Post-Treatment Guidelines

*Purpose: Support lymphatic flow and maximize treatment results.*

For best outcomes, follow a 6-hour fat-free window after your session.

### **FIRST 6 HOURS (IMPORTANT)**

Avoid all fats during this period

Focus on light, clean, easy-to-digest foods only

### **UPON WAKING**

- 1 cup warm water with lemon or ginger

### **BREAKFAST (choose one)**

- Egg (no added fat) + rye or whole grain toast
- ½ cup oatmeal + honey or maple syrup
- Fruit serving
- Fat-free cereal + rice milk
- Protein shake (rice, oat, or almond milk)

### **SNACK OPTIONS**

- Fresh fruit
- Raw vegetables
- 2 rice cakes or 10 rice crackers with 1 tbsp hummus
- ½ energy or low-fat protein bar
- Low-fat yogurt

### **LUNCH / DINNER**

- 4 oz lean protein
- 1–2 cups vegetables
- 1 serving non-wheat starch (optional)
- Salad with lemon juice or fat-free dressing

### **HYDRATION**

- Water throughout the day
- Herbal tea encouraged

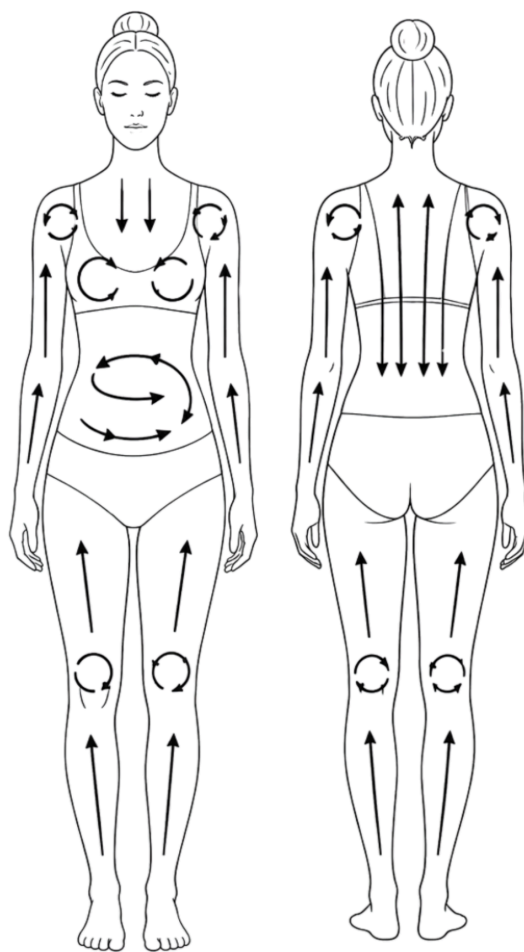
### **AVOID (FIRST 6 HOURS)**

- Olive oil, coconut oil, butter
- Avocado
- Nuts & nut butters
- Cheese
- Mayonnaise & dressings
- Olives

## Dry Brushing Home Guide

### FRONT

- **Chest/décolletage:** Downward strokes toward the heart, circular motions on upper chest
- **Shoulders/upper arms:** Circular motions on shoulder joint, upward strokes on outer arms
- **Torso/sides:** Upward strokes along the sides of the ribcage
- **Abdomen:** Large clockwise circular motions (following digestive tract direction)
- **Thighs:** Upward strokes toward the groin/lymph nodes
- **Knees:** Circular motions around the kneecap
- **Lower legs/shins:** Upward strokes toward the knee



### BACK

- **Upper back/shoulders:** Circular motions on shoulder blades, upward strokes along the spine
- **Mid back:** Both upward and downward strokes along the spine (meeting in the middle)
- **Lower back/sides:** Upward strokes along the sides of the torso
- **Back of thighs:** Upward strokes toward the glutes
- **Back of knees:** Circular motions
- **Calves:** Upward strokes toward the back of the knee

## DERMASHAPE TREATMENT TIMING GUIDE

### LOWER BODY

- Posterior Legs (Back of Legs)
  - 10 minutes per leg
- Anterior Legs (Front of Legs)
  - 5 minutes per leg
- Abdominal Area
  - 5 minutes
- Arms
  - 5 minutes per arm

### UPPER BODY

- Posterior & Lateral Back (each side)
  - 10 minutes per side
- Abdominal Area
  - 15 minutes
- Arms
  - 5 minutes per arm

### FULL BODY

- Posterior Legs (Back of Legs)
  - 5 minutes per leg
- Posterior & Lateral Back (each side)
  - 5 minutes per side
- Anterior Legs (Front of Legs)
  - 5 minutes total
- Abdominal Area
  - 5 minutes
- Arms
  - 5 minutes

### HIPS & ABDOMINAL

*Focused contouring from mid-thigh to waistline*

- Mid-Thigh to Waist (Posterior & Lateral Focus)
  - 10 minutes
- Anterior Legs (Front of Legs)
  - 5 minutes
- Abdominal Area
  - 5 minutes
- Arms
  - 5 minutes

**DERMASHAPE TREATMENT IMAGES**

