

# CoolSculpting Consent Form



Cryolipolysis Body Contouring Treatment

## PATIENT INFORMATION

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

## TREATMENT DESCRIPTION

CoolSculpting (cryolipolysis) is a non-invasive body contouring procedure that uses controlled cooling to eliminate stubborn fat cells. The treated fat cells are crystallised (frozen) and then naturally processed and eliminated by the body over time. CoolSculpting is **not a weight-loss treatment** and is intended for localised fat reduction only.

Treatment areas may include the abdomen, flanks (love handles), inner and outer thighs, upper arms, bra fat, back fat, underneath the buttocks (banana roll), and submental area (double chin). Results typically become visible within 1 to 3 months, with full results appearing after approximately 2 to 4 months.

## TREATMENT AREAS (CHECK ALL THAT APPLY)

- |  |   |
|--|---|
| <input type="checkbox"/> Abdomen               | <input type="checkbox"/> Bra Fat                      |
| <input type="checkbox"/> Flanks (Love Handles) | <input type="checkbox"/> Back Fat                     |
| <input type="checkbox"/> Inner Thighs          | <input type="checkbox"/> Banana Roll (Under Buttocks) |
| <input type="checkbox"/> Outer Thighs          | <input type="checkbox"/> Submental (Double Chin)      |
| <input type="checkbox"/> Upper Arms            | <input type="checkbox"/> Other: _____                 |

## MEDICAL HISTORY & CONTRAINDICATIONS

### undefined

- |  |   |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have cryoglobulinaemia?                    |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have cold agglutinin disease?              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have paroxysmal cold haemoglobinuria?      |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have Raynaud's disease?                    |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have any known cold-sensitivity disorders? |

### undefined

- |  |   |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you currently pregnant or breastfeeding?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have a hernia in or near the treatment area?   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have any skin conditions in the treatment area (eczema, dermatitis, rashes)?           |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have impaired peripheral circulation?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have neuropathic conditions (e.g. diabetic neuropathy, post-herpetic neuralgia)?       |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you had recent surgery in the treatment area?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have any implanted medical devices (pacemaker, defibrillator) near the treatment area? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you currently taking blood-thinning medications (anticoagulants)?                         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have a history of paradoxical adipose hyperplasia (PAH)?                               |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have any allergies to isopropyl alcohol, propylene glycol, or similar substances?      |

## RISKS, SIDE EFFECTS & COMPLICATIONS

**Common side effects** include temporary redness, swelling, bruising, firmness, tingling, stinging, tenderness, cramping, aching, itching, and skin sensitivity at the treatment site. These typically resolve within days to weeks.

**Less common side effects** may include late-onset pain (beginning several days after treatment), persistent numbness or altered sensation, and hyperpigmentation or hypopigmentation of the treated area.

**Rare complications** include paradoxical adipose hyperplasia (PAH), which is an enlargement of the treated area rather than reduction. PAH may require additional treatment, including liposuction, to correct. Frostbite, scarring, and changes in fat distribution are rare but possible.

**Alternatives** to CoolSculpting include liposuction, laser lipolysis, radiofrequency treatments, injectable fat-dissolving agents, and lifestyle changes (diet and exercise).

CONSENT ACKNOWLEDGEMENTS

(initial each acknowledgement line below)

1. I confirm that I have read and understood the information provided about the CoolSculpting procedure, including the risks, benefits, and alternatives.
2. I confirm that I have had the opportunity to ask questions and that all my questions have been answered to my satisfaction.
3. I understand that CoolSculpting is not a weight-loss treatment and that results may vary from person to person.
4. I understand the risk of paradoxical adipose hyperplasia (PAH) and that additional corrective treatment may be required.
5. I confirm that the medical history information I have provided is accurate and complete to the best of my knowledge.
6. I consent to before-and-after photographs being taken for my medical records.
7. I understand that I may withdraw my consent at any time before the procedure begins.
8. I voluntarily consent to the CoolSculpting treatment and accept responsibility for the risks outlined above.

PHOTOGRAPHY CONSENT (OPTIONAL)

undefined

- ☐ Yes ☐ No

I consent to my photographs being used for educational or training purposes (anonymised).
- ☐ Yes ☐ No

I consent to my photographs being used for marketing or social media purposes (anonymised).

SIGNATURES

<div></div> <div>Patient / Client Signature</div>	<div></div> <div>Date</div>
<div></div> <div>Practitioner / Provider Signature</div>	<div></div> <div>Date</div>
<div></div> <div>Witness (if applicable) Signature</div>	<div></div> <div>Date</div>