

YOUR BODY WRAP IN 8 STEPS

M'LIS Body Contour Wraps are provided by a trained wrap professional. The process is sanitary, warm, and comfortable. The wraps act upon all factors that cause body misshaping, including excess fluids, trapped waste, cellulite, and tissue weakness. With this ability, along with the natural ingredients in the cream, inch loss is just one of the benefits of the M'LIS Wrap. Other advantages include re-contouring, skin hydration and smoothing, the restoration of blood circulation, and the cleansing of body tissues for improved health. A series of 3 to 6 Body Contour Wraps is recommended, with 5 to 7 days between each wrap. If a client is overweight and on a weight loss program, a wrap is suggested for each 5 to 10 pounds lost.

- **Step One: Consultation.** The client fills out a short questionnaire designed to help determine client goals and any pertinent medical information. This ideally occurs in a separate appointment prior to the wrap, but it can also be carried out the day of the wrap.
- **Step Two: Preparation.** The client will come to the wrap appointment freshly bathed, without any lotions or perfumes on the body. If the client normally shaves their legs, the legs should be shaved the night before the wrap, rather than the same day. Client will bring a small bikini swimsuit or bikini panties and bra, along with ankle socks for warmth, which they will change into once inside a private treatment room. We do have disposable undergarments available for purchase for \$3.
- **Step Three: Skin Exfoliation.** The M'LIS Wrap uses a transdermal cream to facilitate inch loss. When the skin is exfoliated with M'LIS BUFF before the cream is applied, dead skin cells are removed, capillaries are dilated to help nutrients get to the cells, and the metabolism of the skin is activated. This increases the inch loss results obtained through the wrap.
- **Step Four: Application of Contour Cream.** Scientifically formulated body wrap cream is topically applied. It is absorbed into the cell region and stimulates circulation while promoting tissue cleansing. All ingredients are natural and safe. Niacin and niacinamide are both forms of vitamin B-3 that dilate blood vessels. Vitamin A increases metabolic functions. Cassia is an herb that promotes blood and fluid flow. Both cassia and niacin produce sensations of warmth as they are absorbed into the skin. For those with lighter complexions, there will be a normal pink tone to the skin as circulation is increased. The cream is not applied to the face or breasts.
- **Step Five: Wrap.** Specialized plastic wrap is used to contour the body and to use pressure points in order to advance the working ability of the cream. Fat storage houses (cell chambers) are reduced, allowing the body's own cleansing process to take over and eliminate excess fluids and waste materials from the body. Plastic wrap helps to hold body heat in, thus aiding the skin in absorption of the cream. The cream is formulated without alums or salts in order to prevent perspiration, ensuring that fluids and valuable minerals are not lost.

- **Step Six:** Relaxation. Once the client is wrapped, they are reclined and able to relax for one hour, while the cream and wrap are put to work. The client is covered with a blanket to keep warm and maintain circulation at the skin level. Client should not get hot enough to sweat, as this will remove cream from the skin. Unlike a wrap using wet gauze, the client remains warm and comfortable throughout the process. A relaxing facial masque treatment may be done during this time for an extra fee.
- **Step Seven:** Remove. The wrap is removed.
- **Step Eight:** Complete the Treatment. The excess cream still on the skin is massaged in. Client should avoid showering for several hours after the treatment, as the cream will continue to produce results. Many clients report an additional inch-loss following the wrap. Because the skin-tightening results are not dependent on a water loss, but on the body's own cleansing function, inch loss won't return as liquids are taken into the body. In fact, the client should drink water immediately following the wrap to help flush out any released toxins or waste.

Body Contour Wrap Contraindications

Please make us aware of any of the following conditions you may have. Having any of the following is contraindicated in doing a Body Contour Wrap.

Epilepsy

Pregnant OR Nursing

Cancer (IF history of cancer, it must have been in remission for at least 5 years)

I have read the above information and fully understand the Body Wrap Process & The Contraindications!

Client Signature: _____ Date: _____

Body Contour Wrap Patient Intake

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Ph. _____ Cell Ph. _____

Email: _____ D.O.B. _____

How Did You Hear About Us: _____

Please Check If You Have Any Of The Following:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> An Infectious Disease | <input type="checkbox"/> Heart / Circulation Issues | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Skin Problems | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Allergic or Sensitivity to iodine or shellfish | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Numbness |
| <input type="checkbox"/> Edema | <input type="checkbox"/> Sprains / Strains | <input type="checkbox"/> Fibromyalgia |
| | <input type="checkbox"/> TMJ | |

Any Other Allergies? _____

Please use the space below to provide additional information concerning any items checked above or any other health-related conditions you currently have or have experienced in the past which would impact your service today or if there is anything you want us to know before we begin with your body wrap:

What are the personal goals you are trying to achieve through the Body Contour Session?

How many inches would you like to lose? _____

What areas of your body are you looking to achieve inch loss (tummy, arms etc.)?

Present Weight: _____ Height: _____ Desired Weight: _____

Nutritional Evaluation:

How often do you eat out? _____

What restaurants do you frequent? _____

How often do you eat "fast foods"? _____

Food allergies: _____

Food dislikes: _____

Food cravings: _____

Do you drink coffee or tea? Yes No If yes, how much daily? _____

Do you drink pop / soft drinks? Yes No If yes, how much daily? _____

Do you drink alcohol? Yes No
What? _____ How much? _____ Weekly? _____

Do you use sugar substitutes? Yes No
If yes, what? _____

What are your worst food habits? _____

Snack habits:
What: _____
How Much: _____
When: _____

Typical Breakfast:
What: _____
When: _____

Typical Lunch:
What: _____
When: _____

Typical Dinner:
What: _____
When: _____

Describe your energy level? _____

Activity level: (check one)

- Inactive
- Light activity
- Moderate activity
- Heavy activity
- Vigorous activity

On a scale of 1 to 10 with 10 being MOST committed, how committed are you to taking action and making a change in your life today? 1 2 3 4 5 6 7 8 9 10

Please Initial Each Item Below Indicating Your Understanding Of The Following:

____ I understand that my body contour wrap treatment is for relaxation and to assist with the release and elimination of toxins from the body. I understand the anticipated inch loss results vary with each individual as well as from session to session.

____ I understand that to achieve optimal results, it is generally recommended between 3-6 Body Contour Wraps to be performed.

____ I have read and understand the Body Wrap Process & I am aware of the contraindications that prevent participation in receiving a Body Wrap session and none apply to me.

____ I have read and understand the Body Wrap Process information, and have prepared for the session as indicated. I understand the Body Wrap session requires me to be wrapped in 200 ft of saran wrap, which are placed over cotton undergarments I am wearing for this treatment.

____ I understand you do not diagnose conditions or illnesses nor prescribe medical or pharmaceutical treatment. It has been made clear to me that this Body Contour Wrap treatment is not a substitute for a medical examination and it is recommended that I contact a licensed health care provider for any medical or health condition. I also understand that as a result of this service some detoxifying symptoms may occur.

____ It is my choice to receive this Body Contour Wrap session and I have provided accurate information concerning all past and current health conditions. I have read the intake form above and have answered truthfully to the best of my knowledge. I agree to report any changes in my health as they arise.

____ I understand if I am late, more than 10 minutes, I will be charged full fee and my session will be shortened so the therapist can stay on track with previously scheduled appointments.

____ I understand prepayment is needed for any visits scheduled in the future. Forms of payment accepted are cash, check, Visa, MasterCard, Discover and American express.

____ I have been made aware of the clinics 24 hour cancellation policy. All no call / no shows without a 24 hour notice will result in loss of pre-paid visit / voucher. Appointment can be rescheduled for a \$30 fee if client wants to reschedule.

Thank you for choosing Natural Health Solutions / Contours Inc. and we look forward to helping you achieve your health goals!

Client Signature: _____

Date: _____

Parent / Guardian Signature If Under 18 Years Old: _____

Date: _____

Practitioner Signature: _____

Date: _____