

# Needs Assessment

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

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

Welcome!

Our goal is to deliver the best experience possible... To customize your experience and exceed your expectations please complete the questions below.

## Areas of Concern

- Arms
- Abdominals
- Back
- Flanks
- Front of Thighs
- Back of Thighs
- Buttocks
- Full Body
- Weight Loss

## Improvement Wanted

- Inch/Fat Loss
- Skin Tightening & Smoothing
- Reduce Cellulite
- Build & Firm Muscle
- Enhance/Improve Buttocks
- Minimize Stretch Marks
- Detoxification

**Please List your top 3 concerns in order of priority:**

**Expected results/improvement?**

1) \_\_\_\_\_

\_\_\_ 1-3 weeks

2) \_\_\_\_\_

\_\_\_ 4-6 weeks

3) \_\_\_\_\_

\_\_\_ 7-12 weeks

Are you preparing for an event or a trip or a special occasion? \_\_\_ **Y** \_\_\_ **N**

If so, when is the event, trip or occasion?

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To best customize your treatment plan, please give us an idea of your budget.

- \$149-\$499     \$500-\$1000     \$1000-\$1999     \$2000-\$2999

How soon are you looking to start?

- NOW**     **NEXT WEEK**     **THIS MONTH**     **JUST GATHERING INFORMATION**