Therapeutic session intake

Lipo Laser / Emslim | Paper form

PAPER FORM | COMPLETE PRIVATELY

Print and complete this form privately; bring it directly to Dr. McLaren. Do not email or upload a completed form. Or arrange private in-office completion and arrive about 15 minutes early.

Contact and service

Please provide your name and complete all fields marked REQUIRED.

Name

Telephone number | REQUIRED

Email address | REQUIRED

Chosen service: ☐ Lipo Laser ☐ Emslim

Safety discussion | OPTIONAL

You may leave details blank and discuss safety or possible contraindications privately.

Relevant health conditions, allergies, medications, treatments or other safety concerns

Body measurements | OPTIONAL

Use inches or cm. Leave any area, value, unit or time blank if preferred.

Body area	Circumference	Unit (in/cm)	Time