

Personal details

Client's name: _____

Address: _____

Postal Code: _____

Home telephone no.: _____

Work telephone no.: _____

Mobile no.: _____

Email: _____

Date of birth: _____

Age: _____

Gender: Male Female

Marital status: Single Married

Divorced Widowed

General information

Occupation: _____

Lifestyle: Active Sedentary

Do you smoke? Yes No

If yes how many daily? _____

Exercise: Yes No

Type of exercise: _____

Frequency: _____

Water daily intake: 0-4 glasses

5-8 glasses 9+ glasses

Tea/coffee daily intake: 0-4 cups

5-8 cups 9+ cups

Alcohol weekly intake: 0-4 glasses

5-8 glasses 9+ glasses

Daily food intake: _____

Do you follow a special diet? Yes No

How did you hear about us? _____

Have you ever had a body wrap? _____

If so where? _____ and when? _____

Sculpted Silhouette Inchwrap measurement & weight progress chart

	Date			Date			Date			Date												
	Before	After	Difference	Before	After	Difference	Before	After	Difference	Before	After	Difference										
Waist																						
Abdomen																						
Hips																						
Buttocks																						
Ribcage																						
Under Bust																						
Bust																						
Upper Chest																						
	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R
Thigh																						
Mid Thigh																						
Knee																						
Calf																						
Ankle																						
Bicep																						
Forearm																						
Wrist																						
Total Inch Loss																						
Payment Record																						

Client's name: _____



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