



PATIENT PROFILE

First Name:		Surname:	
ID Number:		Date of Birth:	
Phone – Home:		Phone – Mobile:	
Phone – Work:		Phone – Fax:	

Occupation:	
Company Name:	
Address – Work:	
Address – Home:	
Address – E-mail:	
Social Media Platform:	

Doctor:		Phone Number:	
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Blood Type:	
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Allergies

Current Medication and Medical History

Weight Loss Products Used and Results

Age:		Current Weight:		Height:		Goal Weight:	
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DATE	WEIGHT	LEFT ARM	RIGHT ARM	BUST	WAIST	BELLY	UPPER HIP	LOWER HIP	LEFT THIGH	RIGHT THIGH

I the undersigned do hereby bind myself to the Conditions of Sale indemnity and disclaimer as set out on the reverse.

CONDITIONS OF SALE

Eden Life Wellness Clinic shall be referred to hereafter as the **COMPANY**.

1. The **COMPANY'S** products are sold to the patient on a cash on delivery basis only unless prior arrangements are made for payment on terms in which event the conditions of sale shall only be effective if the same are reduced to writing, any amounts paid after 30 days will attract an interest of 21% per annum.
2. Where a written medical doctor's prescription is required the **COMPANY** will not release any of its products to the patient without the original prescription first being submitted.
3. The patient irrevocably undertakes not to disclose, publish, make known or in any way communicate to any third party any of the **COMPANY'S** weight reduction methods, diet recommendations, exercise schedule or product identity or any other aspect of the **COMPANY'S** products or services of any nature whatsoever.
4. The patient hereby indemnifies the **COMPANY**, its employees, representatives, agents and all persons who act or purport to act on behalf of the **COMPANY** against all liability proceedings of whatsoever arising including damages whether direct or indirect, general or special or punitive resulting directly or indirectly from the **COMPANY'S** weight reduction programme or any medicine, food supplement other substances given, dispensed, prescribed or recommended to the patient.
5. The **COMPANY** makes no representations or warranties of any nature whatsoever relating to the use of the weight reduction programme, treatment or any other aspect of the treatment, medicine, diet or substance given or recommended to the client neither does it give any warranties whether express or implied as to the effectiveness of the treatment or weight reduction programme and does not warrant in any way that the patient will loose weight as a result of any or all aspects of the services or products rendered, supplied or recommended by the **COMPANY**.
6. It is the specific intent of these conditions release and discharge any or all claims and causes of action of any kind or nature whatsoever, whether known or unknown whether specifically mentioned or not, which may exist or might be claimed by the patient from the **COMPANY**, its employees, representatives, agents, distributors or any other persons who act on behalf or make any representations for and on behalf of the **COMPANY**.
7. The patient chooses as its domicilium citandi et executandi the address chosen by the patient on the reverse hereof under the heading residential address for the service of all documents and legal process.
8. The patient warrants that he/she has made a full disclosure to the **COMPANY** relating to all aspects of his/her health (psychological and physiological), any allergies, other medicines (prescribed or otherwise) currently being consumed and any other circumstances or conditions which may be relevant which may affect the **COMPANY'S** recommendations as to diet, medicines or treatment.
9. The patient irrevocably gives the **COMPANY** full permission to publish in any manner whatsoever and to make known to the public any details relating to the patient's weight loss that the **COMPANY** sees fit. The company hereby is given the right to, at any time in the future and without any further written or verbal consent being given by the patient, use the patients weight loss records and or any before or after photos in any marketing campaign carried out by the **COMPANY** or by a third party representing or acting on behalf of the **COMPANY**.

I, _____ do hereby bind myself to the Conditions of Sale indemnity and disclaimer above.

SIGNATURE

DATE