

# ULTRA TESLA

SEAT

## PELVIC FLOOR STRENGTHENING CONSENT FORM

### General information

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_ Telephone number \_\_\_\_\_

Email \_\_\_\_\_

Consultation led by \_\_\_\_\_

#### Do you have any of the following? (if YES please tick)

##### Absolute Contraindications (Treatment NOT Recommended)

- Pregnant /Breastfeeding
- Plastic IUD (Intrauterine Device) fitted in last 12 weeks
- Metal implants in the treatment area (hip replacements, metal mesh, copper IUD, screws, plates)
- Pacemaker, defibrillator, or other electronic medical implants (insulin pump, cochlear implant, neurostimulator)
- History of or active pelvic cancer
- Uncontrolled bleeding disorder or taking blood thinners
- Severe urinary or faecal incontinence requiring medical intervention
- Active urinary tract infection (UTI) or pelvic infection
- Recent pelvic surgery (not fully healed)
- Open wounds, burns, or lesions in the pelvic area
- Severe neurological disorders affecting the pelvic floor (e.g., multiple sclerosis, spinal cord injury)

##### Relative Contraindications (Consult Your Doctor/Therapist Before Treatment)

- History of endometriosis or chronic pelvic pain
- Osteoporosis or fragile bones in the pelvic area
- Abdominal or pelvic hernia
- History of deep vein thrombosis (DVT) or blood clots
- Uncontrolled diabetes
- Recently gave birth (less than 6-8 weeks postpartum)
- Autoimmune disorders affecting muscle function (e.g., lupus, rheumatoid arthritis, myasthenia gravis)
- Chronic constipation or bowel disorders
- History of pelvic radiation therapy
- Fibroids or polyps that press on the bladder or pelvic muscles.
- Recent surgical procedures (past 12 months)
- Epilepsy or seizure disorder
- Currently menstruating (may cause discomfort)

If you answered **YES** to any of the above questions, please specify:

- If you have any questions about the above please discuss these with your practitioner.
- Treatment may be refused if it is not considered to be in your own interest to proceed.

Please disclose any medical conditions that may be affected by Ultra Tesla Seat treatment.  
Failure to provide accurate medical information may increase the risk of adverse effects.

Informed Consent	Initial
<p><b>Treatment Overview</b></p> <p>You are scheduled to undergo a non-invasive pelvic floor treatment with the Ultra Tesla Seat. The Ultra Tesla Seat uses High-Intensity Focused Electromagnetic technology to induce powerful supramaximal muscle contractions that cannot be achieved through voluntary exercise. These contractions help strengthen the pelvic floor, improve bladder control, and may reduce symptoms of stress or urge urinary incontinence.</p>	
<p><b>Recommended Treatment Protocol</b></p> <ul style="list-style-type: none"> <li>• A typical treatment course consists of a minimum of 6 sessions, spaced at least 48 hours apart.</li> <li>• Additional sessions may be advised for more severe conditions.</li> <li>• Completing the full recommended course is essential to maximise treatment outcomes.</li> <li>• Each session lasts approximately 28 minutes per treatment area.</li> <li>• Maintenance sessions may be required periodically to sustain results.</li> </ul>	
<p><b>Treatment Experience</b></p> <p>During treatment, you will sit fully clothed on the Ultra Tesla Seat. You will feel intense but tolerable pelvic floor muscle contractions and a tingling sensation in the pelvic region. The treatment must never feel painful. There is no downtime – you may resume your normal daily activities immediately after each session.</p>	
<p><b>Potential Side Effects</b></p> <p>Ultra Tesla is considered safe and well-tolerated. However, you may experience the following temporary effects:</p> <ul style="list-style-type: none"> <li>• Mild muscle soreness in the pelvic region</li> <li>• Temporary muscle spasm</li> <li>• Tingling sensation during or after treatment</li> <li>• Temporary increase in urinary urgency or frequency</li> </ul> <p>These effects typically resolve within 24–48 hours.</p>	
<p><b>Limitations of Treatment</b></p> <ul style="list-style-type: none"> <li>• Results vary from patient to patient and cannot be guaranteed.</li> <li>• Symptom improvement may take several sessions.</li> <li>• In some cases, no significant improvement may occur.</li> <li>• Long-term maintenance sessions may be required to sustain results.</li> </ul>	
<p><b>Patient Acknowledgement</b></p> <p><b>I confirm that:</b></p> <ul style="list-style-type: none"> <li>• I have provided a complete and accurate medical history to my practitioner.</li> <li>• I have read and understood the information above regarding Ultra Tesla Seat treatment, including its purpose, procedure, potential risks, and limitations.</li> <li>• I have had the opportunity to ask questions, and all my questions have been answered to my satisfaction.</li> <li>• I understand that results are not guaranteed and may vary.</li> <li>• I accept responsibility for consulting my GP or specialist if I have any concerns regarding my suitability for treatment.</li> </ul>	
<p>Sculpt Pro Aesthetics Ltd is the supplier of the device used in this treatment. All consultations and treatments are provided solely by the independent business that you are attending.</p>	
<p>I hereby give my consent to proceed with Ultra Tesla Seat treatment. I release the practitioner from any liability associated with potential adverse effects or unsatisfactory results from this procedure.</p> <p>Patient Signature: _____ Date: _____</p> <p>Practitioner Signature: _____ Date: _____</p>	

# ULTRA TESLA

SEAT

## TREATMENT RECORD

Date							
Session No.							
Condition Being Treated							
Treatment Time							
Preset Setting/ Mode							
Intensity (%)							
There have been no changes to my health since my last treatment.	Signature	Signature	Signature	Signature	Signature	Signature	Signature

Notes: