

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W/C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL HISTORY (Please Circle Y for “yes” or N for “no”)**

KELOID SCARS Y/N AIDS(HIV) Y/N CONTACT LENSES Y/N

DIABETES Y/N HEPATITIS/JANDICE Y/N BOTOX Y/N

COLD SORES/SHINGLES Y/N CANCER Y/N FILLERS Y/N

IRON DEFICIENCY/ANEMIA Y/N HIGH BLOOD PRESSURE Y/N SKIN PEEL Y/N

HEMOPHILIA Y/N ACCUTANE Y/N EPILEPSY Y/N

HYPOGLYCEMIA Y/N BLOOD THINNER Y/N PRONE TO FAINTING Y/N

ASTHMA Y/N HEART PROBLEMS Y/N ARE YOU PLANNING MRI IN THE

SKIN DISORDERS Y/N PREVIOUS TATTOO Y/N NEAR FUTURE Y/N

PREGNANT Y/N ALLERGIES Y/N (If Y List\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

MENOPAUSE Y/N CURRENT MEDS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLIENT DISCLOSURE AND RELEASE AGREEMENT \*** I acknowledge that any information contributed by me is true to the best of my knowledge and that the present condition of the area that will be treated is stated on this record. I fully understand that Reflective Beauty only provides beauty services; there is no medical treatment involved. I realize that with any beauty services there may be certain risks which must be understood. I will be fully responsible for all the results which may arise from the beauty services. I do hereby agree to hold Shannon Kornylo and Reflective Beauty, their employees, affiliates and agents free from any and all claims or suits for damage, for injuries or complications resulting from any beauty services provided by Reflective Beauty. The nature and purpose of the beauty service, the risks involved and possibility of complications have been fully explained to me. I understand that no guarantee or assurance has been given by anyone as the results that may be obtained. By signing below I acknowledge that I have read and understand the above and all of my questions have been answered and I consent to have the above beauty service. I consent to receive emails from Reflective Beauty and grant permission to use my photos.

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

Date Procedure Color/remarks Price