

## CLIENT INFORMATION & MEDICAL HISTORY

In order to provide you with the most appropriate laser treatment, we need you to complete the following questionnaire. All information is strictly confidential.

### PERSONAL HISTORY

Client Name \_\_\_\_\_ Today's Date \_\_\_\_\_

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

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Name and Phone \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

Which of the following best describes your skin type? (Please circle one type number)

- I Always burns, never tans
- II Always burns, sometimes tans
- III Sometimes burns, always tans
- IV Rarely burns, always tans
- V Brown, moderately pigmented skin
- VI Black skin

Do you regularly use tanning salons or sun bathe? \_\_\_\_\_ How often? \_\_\_\_\_

### MEDICAL HISTORY

Are you currently under the care of a physician?  Yes  No

If yes, for what: \_\_\_\_\_

Are you currently under the care of a dermatologist?  Yes  No

If yes, for what: \_\_\_\_\_

Do you have a history of erythema abigne, which is a persistent skin rash produced by prolonged or repeated exposure to moderately intense heat or infrared irritation?  Yes  No

Do you have any of the following medical conditions? (Please check all that apply)

- Cancer  Diabetes  High blood pressure  Herpes  Arthritis
- Frequent cold sores  HIV/AIDS  Keloid scarring  Skin disease/Skin lesions
- Seizure disorder  Hepatitis  Hormone imbalance  Thyroid imbalance

Blood clotting abnormalities  Any active infection

Do you have any other health problems or medical conditions? Please list: \_\_\_\_\_

Have you ever had an allergic reaction to any of the following? (Please check all that apply and describe the reaction you experienced)  Food  Latex  Aspirin  Lidocaine  Hydrocortisone  
 Hydroquinone or skin bleaching agents  Others: \_\_\_\_\_

## MEDICATIONS

What oral medications are you presently taking?  Birth control pills  Hormones

Others (Please list): \_\_\_\_\_

Are you on any mood altering or anti-depression medication? \_\_\_\_\_

Have you ever used Accutane?  Yes  No, If yes, when did you last use it? \_\_\_\_\_

What topical medications or creams are you currently using?  Retin-A®  Others (Please list): \_\_\_\_\_

What herbal supplements do you use regularly? \_\_\_\_\_

## HISTORY

Have you ever had laser hair removal?  Yes  No

Have you used any of the following hair removal methods in the past six weeks?

Shaving  Waxing  Electrolysis  Plucking  Tweezing  Stringing  Depilatories

Have you had any recent tanning or sun exposure that changed the color of your skin?  Yes  No

Have you recently used any self-tanning lotions or treatments?  Yes  No

Do you form thick or raised scars from cuts or burns?  Yes  No

Do you have Hyperpigmentation (darkening of the skin) or Hypopigmentation (lightening of the skin) or marks after physical trauma?  Yes  No If yes, please describe: \_\_\_\_\_

### **For our female clients:**

Are you pregnant or trying to become pregnant?  Yes  No Are you breastfeeding?  Yes  No

Are you using contraception?  Yes  No

*I certify that the preceding medical, personal and skin history statements are true and correct. I am aware that it is my responsibility to inform the technician, esthetician, therapist, doctor or nurse of my current medical or health conditions and to update this history. A current medical history is essential for the caregiver to execute appropriate treatment procedures.*

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

## Hold Harmless Agreement

This HOLD HARMLESS AGREEMENT (this "Agreement") is made effective on as dated below by and between Faces Spa & Unique Boutique (hereinafter, "Faces Spa"), of 8005 Church Street E. Suite 102, Brentwood, Tennessee 37027 and :

CUSTOMER (NAME):

[REDACTED]

ADDRESS:

[REDACTED]

DATE:

[REDACTED]

Faces Spa & Unique Boutique and the named customer indicated above are sometimes individually referred to as "Customer", "Party" and collectively referred to as the "Parties."

WHEREAS, Faces Spa may be performing the following services for Customer: Facial and skin care services including but not limited to dermaplaining, microderm abrasion, peels, waxing, microcurrent, radio high frequency current, rezeneration, spray tanning, lash treatments, lighway therapy, brow and lip waxing and tinting and other services typical of a beauty salon.; and

WHEREAS, in exchange for valuable consideration, Customer desires to hold harmless Faces Spa from any claims and/or litigation arising out of Faces Spa's performance of the work of providing these services.

NOW THEREFORE, in consideration of the mutual covenants and conditions contained herein, Faces Spa and Customer hereby agree as follows:

### TERMS

**1. Hold Harmless.** Customer shall fully defend, indemnify, and hold harmless Faces Spa from any and all claims, lawsuits, demands, causes of action, liability, loss, damage and/or injury, of any kind whatsoever ( including without limitation all claims for monetary loss, property damage, equitable relief, personal injury and/or wrongful death), whether brought by an individual or other entity, or imposed by a court of law or by administrative action of any federal, state, or local governmental body or agency, arising out of, in any way whatsoever, any acts, omissions, negligence, or willful misconduct on the part of Faces Spa, its officers, owners, personnel, employees, agents, contractors, invitees, or volunteers . This indemnification applies to and includes, without limitation, the payment of all penalties, fines, judgments, awards, decrees, attorneys' fees, and related costs or expenses, and any reimbursements to Faces Spa for all legal fees, expenses, and costs incurred by it.

**2. Authority to Enter Agreement.** Each Party warrants that the individuals who have signed this Agreement have the actual legal power, right, and authority to make this Agreement and bind each respective Party.

**3. Amendment; Modification.** No supplement, modification, or amendment of this Agreement shall be binding unless executed in writing and signed by both Parties.

**4. Waiver.** No waiver of any default shall constitute a waiver of any other default or breach, whether of the same or other covenant or condition. No waiver, benefit, privilege, or service voluntarily given or performed by a Party shall give the other Party any contractual right by custom, estoppel, or otherwise.

**5. Attorneys' Fees and Costs.** If any legal action or other proceeding is brought in connection with this Agreement, the successful or prevailing Party, if any, shall be entitled to recover reasonable attorneys' fees and other related costs, in addition to any other relief to which that Party is entitled. In the event that it is the subject of dispute, the court or trier of fact who presides over such legal action or proceeding is empowered to determine which Party, if any, is the prevailing party in accordance with this provision.

**6. Entire Agreement.** This Agreement contains the entire agreement between the Parties related to the matters specified herein, and supersedes any prior oral or written statements or agreements between the Parties related to such matters.

**7. Enforceability, Severability, and Reformation.** If any provision of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this Agreement is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited. The intent of the Parties is to provide as broad an indemnification as possible under Tennessee law. In the event that any aspect of this Agreement is deemed unenforceable, the court is empowered to modify this Agreement to give the broadest possible interpretation permitted under Tennessee law.

**8. Applicable Law.** This Agreement shall be governed exclusively by the laws of Tennessee, without regard to conflict of law provisions.

**9. Exclusive Venue and Jurisdiction.** Any lawsuit or legal proceeding arising out of or relating to this Agreement in any way whatsoever shall be exclusively brought and litigated in the federal and state courts of Tennessee. Each Party expressly consents and submits to this exclusive jurisdiction and exclusive venue. Each Party expressly waives the right to challenge this jurisdiction and/or venue as improper or inconvenient. Each Party consents to the dismissal of any lawsuit that they bring in any other jurisdiction or venue.

**10. Signatures.** This Agreement shall be signed on behalf of Faces Spa & Unique Boutique by Barbara Swett \_\_\_\_\_ Date \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

# Sanitation Awareness Statement

*As always Faces Spa & Unique Boutique works with the State of Tennessee Board of Cosmetology sanitation standards. Our treatment rooms, equipment and instruments have always been disinfected/sterilized between clients.*

## **New Tennessee Required Guidelines for Re-Opening:**

- For the time being, we are discouraging hugs and handshakes, to keep us all extra-safe.
- We will disinfect shared surfaces such as credit card swipe, phone, doorknobs, and bathroom fixtures between each client.
- Sanitizing supplies, including alcohol-based hand sanitizer, are available to clients
- Wearing gloves, mask and face shield during service
- Clients to wear a mask during appointment (Please bring your own mask)
- A new disposable paper will be used for each client on top of a vinyl pad that is easily sanitized after each client.

## **For our clients:**

- The waiting area will be closed. All clients will be asked to text **615-479-7857** when you arrive and wait for a text back when you are able to enter the building.
- Before entering you will be asked:
  - Have you had a cough or fever of 100.4 or over in the past 48 hours?
  - Have you been in close contact with a confirmed case of COVID-19?
  - Have you been out of the country or to heavily effected states or cities?
  - Are you experiencing a cough, shortness of breath or sore throat?
  - Have you had new loss of taste or smell?
  - Have you had vomiting or diarrhea in the last 24 hours?
- No clients will be serviced who show signs of illness. **Understand if you show signs of illness during the service the service will be discontinued. This is for the protection of clients and myself.**
- Clients may not be accompanied by others. **No children allowed.**
- Upon entering you will be asked to wash your hands before the service.
- Listen to your body, if you're not feeling well please stay home and seek medical attention, if needed.
- At this time, we are waiving our cancellation policy if you are sick, to ensure everyone stays healthy and happy.
- Because of limited appointment times, if you are sick please let us know as soon as possible so we can get you rescheduled and offer your appointment to the next person on the waiting list.
- Take normal, healthy precautions that you would during the flu season. The CDC recommends frequent hand washing and use of hand sanitizers.

*Safety is always our number one priority. These steps, along with your personal cautiousness, will help Faces Spa and Unique Boutique play our part in keeping our community safe and healthy.*