

Name:	Date:	Date of Birth:
Phone:	Email:	
Address:		
Emergency Contact (<i>name & phone</i>):		
How did you hear about us?	Referral Name:	
GENERAL HEALTH (*Please answer all areas to the best of your ability)		
Rate your level of stress: (<i>5=highest, 1=lowest</i>)	5 4 3 2 1	
Do you wear contact lenses? (<i>circle</i>)	Yes No	
Please list any allergies you may have:		
Please list any medications that you are currently taking:		
HEALTH HISTORY (*Please check all that currently apply)		
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Lymph Edema	<input type="checkbox"/> Herpes/Shingles
<input type="checkbox"/> Sinus Problems	<input type="checkbox"/> Cancer	<input type="checkbox"/> TMJ/Jaw Pain
<input type="checkbox"/> Varicose Veins	<input type="checkbox"/> Allergies	<input type="checkbox"/> Blood Clots
<input type="checkbox"/> Chronic Pain	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Headaches	<input type="checkbox"/> Rashes	<input type="checkbox"/> Spasms/Cramps
<input type="checkbox"/> Breastfeeding		<input type="checkbox"/> Broken/Fractured Bones
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/> Eczema
<input type="checkbox"/> Numbness/Tingling	<input type="checkbox"/> Depression/Anxiety	<input type="checkbox"/> Autoimmune
<input type="checkbox"/> Recent surgery: _____		
<input type="checkbox"/> Pregnant (___ weeks)	<input type="checkbox"/> Other: _____	
MASSAGE THERAPY		
Have you <u>ever</u> had a professional massage before? If so, when?		
What type of pressure do you prefer? (<i>circle</i>)	Light Medium Deep	
Is there any area of your body you do NOT want massaged?		
Goal for massage session: (<i>circle</i>)	Relaxation Pain Relief Stress Reduction	
SKIN CARE / WAXING		
Are you under the care of a dermatologist? (<i>circle</i>)	Yes No	
Do you use:		
<input type="checkbox"/> Accutane	<input type="checkbox"/> Retin A/Retinol	<input type="checkbox"/> Adapalene
<input type="checkbox"/> Differin	<input type="checkbox"/> Other prescription product: _____	
Have you had:		
<input type="checkbox"/> Chemical Peel	<input type="checkbox"/> Microdermabrasion	<input type="checkbox"/> Botox/Filler
<input type="checkbox"/> Laser	<input type="checkbox"/> Microblading	<input type="checkbox"/> Other resurfacing treatment; Date of last Facial: _____
Are you currently using any products that contain: (<i>circle</i>)		
Glycolic Acid	Lactic Acid	Hydroxy Acid
Vitamin A/Retinol		
Do you have any skin sensitivities or irritants?		

Flip over to complete back

I, the client, of BRIGHTWATER The Spa at Skin Care Institute LLC, understand that it is my choice to receive a service at this facility. I acknowledge that beauty spa treatments, including, but not limited to: skin care, massage, waxing, nail treatments, facial toning, body treatments, Dermaplaning, eyelashes/eyebrows, energy treatment, and various other beauty procedures is not an exact science and no specific guarantees can or have been made concerning the outcome. I understand that some clients experience more change and improvement than others. In virtually all cases, multiple treatments are required in order to realize a difference. On behalf of myself, my heirs, my executors, and my administrators, I understand and agree to assume the following risks and hazards which may occur in connection with any particular treatment including but not limited to: unsatisfactory results, soreness, poor healing, discomfort, redness, blistering, skin damage, nerve damage, disability, death, scarring, infection, change in skin pigmentation, allergic reaction, eye damage, change or damage to my vision, muscle damage, and increased hair growth. I understand that even though precautions may be taken in my treatment, not all risks can be known in advance. Given the above, I understand that response to treatment varies on an individual basis and that specific results are not guaranteed. Therefore, in consideration for any treatment received BRIGHTWATER The Spa at Skin Care Institute LLC, I agree to unconditionally defend, indemnify, hold harmless and release from any and all liability, costs of litigation and any other costs of every kind and nature, the company and the individual that provided my treatment, the insured, their insurance company, and any additional insureds, as well as any officers, directors, or employees of the above companies for any injury, property damage, condition or result, known or unknown, that may arise as a consequence of any treatment that I receive. In the event any provision of this agreement is found to be legally invalid or unenforceable for any reason, all remaining provisions will remain in full force and effect. In the event any provision of this document is found by a court of competent jurisdiction to exceed the limits permitted by any applicable law or to be invalid or unenforceable as written, such court (s) may exercise its discretion in reforming such provision(s) to the extent necessary to make it reasonable and enforceable. The undersigned waives, to the fullest extent permitted by law, any right they may have to a trial by jury in any legal proceeding directly or indirectly arising out of or relating to this agreement whether based in contract, tort, statute (including any federal or state statute, law, ordinance, or regulation), or any other legal theory. The client indicated below understands that any claims are processed through the insurance company's South Dakota office and agrees that this contract will be governed and construed in accordance with the laws of the state of South Dakota and that all actions of any kind whatsoever will be filed, heard, governed, arbitrated, and restricted to the venue of the County of Meade County, South Dakota. In consideration for treatment received and if asked with permission, I hereby grant permission to the individual and BRIGHTWATER The Spa at Skin Care Institute LLC. that provided my treatment to use any photographic treatment records for the purposes of clinical and statistical studies, advertising, or promotion without any compensation to me. The undersigned also agrees and stipulates that they will be responsible for any legal, or other costs of any kind, incurred by the insured or their insurance company in defense of this agreement should the undersigned challenge its enforceability. The client indicated below also agrees to forever hold harmless and release from any and all liability, claims, or demands of any kind or nature the insured, and their insurance company for the transmission of any disease, condition, injury or illness they may allege to have contracted or been exposed to as the result of any treatment, person, or visit at BRIGHTWATER The Spa at Skin Care Institute LLC. I have fully disclosed on my client intake form any medications, previous complications, or current conditions that may affect my treatment.

Client Name (printed): _____ **Date:** _____

Client Signature: _____

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