

NAIL CARE

FIRST NAME:

LAST NAME:

STREET ADDRESS:

CITY/STATE/ZIP CODE:

PRIMARY PHONE:

MOBILE:

EMAIL:

BIRTHDAY:

HOW DID YOU HEAR ABOUT US?

Primary reason for your appointment today: _____

How often do you receive manicures and/or pedicures? _____

What products do you use on your hands and feet? _____

What is your activity level? low / moderate / high

Do you play any sports that take a toll on your hands and/or feet? yes / no

If yes, please describe: _____

Do you have any condition that could affect service options, such as: arthritis, allergies, diabetes or other circulation disorders, slow healing, open sores or abrasions, sensitivity to heat or any cosmetic ingredients, etc.? yes / no If yes, please explain: _____

Do you have: food allergies? yes / no _____
allergies to latex? yes / no _____
other allergies? yes / no _____

Are you currently on any medications? yes / no If yes, please list name and reason for medication: _____

Have you used Accutane in the past 12 months? yes / no

Are you (circle all that apply): pregnant...trying to become pregnant...lactating...menstruating

Is there anything I should be aware of before your treatment? _____

In consideration for receiving services at milk + honey, I hereby release, waive, discharge, and covenant not to sue Spa Partisan, Inc., its officers, agents, servants, and employees or other business entities owned, operated or controlled either in whole or in part by Spa Partisan Inc. from any and all liability, claims, demands, actions, and causes of action related to any loss, damage, or injury that may be sustained by me or property belonging to me, whether caused by negligence or otherwise, while participating in such activity or while on milk + honey premises. I am fully aware of the risks involved and hazards connected with spa and salon treatments, and I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, that may be sustained by me, or any loss or damage to property owned by me as a result of being engaged in such an activity, whether caused by the negligence or otherwise.

PRINTED NAME: _____

DATE: _____

SIGNATURE: _____

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