

LAURA LEE HAIR MAKEUP IMAGE

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CONFIDENTIAL, SHORT CLIENT INFORMATION FORM

Printed name _____ Date _____

Birth date _____ Website _____

Contact Numbers (please preferred number for calls, messages and reminders:

___ Cell _____ ___ Landline _____ ___ Email _____

Mailing Address _____

City _____ State _____ Zip Code _____ Country _____

Please how you were referred to LAURA LEE HAIR MAKEUP IMAGE:

___ Website ___ Personal referral ___ Media ad ___ Other: _____

GOOD FAITH HOLD HARMLESS AGREEMENT

Voluntary answers to the following questions aids in determining the appropriateness of services and products used during your appointment. By signing below you acknowledge LAURA LEE FRY is a licensed cosmetologist conducting business as an independent contractor, carries professional liability insurance, and thus practices certain protocols and procedures. Parent/guardian must sign in person at time of services for minors.

Are you currently under the care of a Licensed Health Professional ___Yes ___No

List 3 known allergies or sensitivities to food: 1. _____ 2. _____ 3. _____

List 3 known allergies or sensitivities to nutritional supplements:

1. _____ 2. _____ 3. _____

List 3 known allergies or sensitivities to medications: 1. _____ 2. _____ 3. _____

List 3 known allergies or sensitivities to cosmetics: 1. _____ 2. _____ 3. _____

Please initial the following statements:

___ I am voluntarily providing confidential information regarding health, allergies, and sensitivities.

___ I understand Laura Lee may refuse services based on information provided on this form.

Signature _____ Date _____

Minor's signature _____ Date _____

Parent/guardian printed name & signatures _____

_____ Date _____

Laura Lee Fry signature _____ Date _____