



Client Information: (please print)

Name: _____ Contact Number: _____

Email Address*: _____ Date of Birth: _____

Male Female Pregnant: Yes, Weeks: _____ No

How did you hear about Serenity? (Check ALL that Apply)

Radio Facebook Internet Gift Certificate Serenity Newsletter Serenity Text

Print Ad/Magazine (Please Specify): _____

Community/Charity Event: _____

Friend/Relative: _____

Employee Referral: _____

Other: _____

Symptoms/Treatment Information (mandatory)

Do you have any diagnosed medical conditions? No Yes, please explain: _____

Are you currently taking any medications? No Yes, please list: _____

Are you currently experiencing any physical pain or discomfort? No Yes, please explain: _____

Are there any health-related conditions, concerns or questions that you wish to disclose or ask prior to your service?

Release Authorization for Treatment

I authorize wellness and/or aesthetic treatment provided by Serenity Health & Wellness Center (“Serenity”). I have answered the health-related questions on this form honestly and completely. Though licensed in their specific service being provided at Serenity, I understand that my Serenity therapist is not a medical physician or doctor and cannot diagnose or prescribe any medications, treatments, or services. I understand that Serenity and my therapist are not liable for any unforeseen medical issues or complications that may arise related to an undiagnosed, pre-existing medical condition prior to or after my treatment. I will disclose any concerns—health-related or otherwise—as well as discuss any pre-existing conditions with my therapist prior to receiving a treatment.

I understand that esthetic treatments, including but not limited to facials, chemical peels, and eyelash services provided at Serenity involve the use of professional skincare products, chemicals, and adhesives. These treatments carry inherent risks, including but not limited to redness, irritation, allergic reactions, peeling, swelling, eye irritation, eyelash loss, or other complications. I understand that results may vary and that Serenity and its providers are not liable for adverse reactions, complications, or unsatisfactory outcomes arising from these services, including those related to undisclosed conditions or sensitivities.

»Client Signature: _____ Date: _____

(Parent/Guardian if patient is a minor)