

Paint By A Girl POLISH



CLIENT CONSULTATION FORM

Welcome! To best serve you during today's appointment, please complete the following information.

Name _____
Address _____
City, State, and Zip _____
Primary Daytime Phone (____) _____ Other Phone (____) _____ Email _____
How did you hear about me? _____
Do you have any special requests for your treatment today? _____

Health History

Do you have any of the following conditions? ☐ Diabetes ☐ Cancer ☐ Circulatory Problems

(If yes, please consult your nail technician. Certain services may not be suitable, or may need to be adapted for your safety.)

Have you ever had an adverse reaction or known allergy to products, treatments, or chemicals used on your nails and/or skin?

☐ Yes ☐ No If yes, please describe in detail. _____

Are you currently experiencing any symptoms of a fungal infection of the skin, such as peeling, scaling, bumps, rash, redness, itching, burning, or sores? ☐ Yes ☐ No If yes, please describe medical or over-the-counter treatments you are using. _____

Do you currently have any open wounds, broken blisters, or have recently had surgery on your hands, forearms, feet, or lower legs?

☐ Yes ☐ No If yes, please explain. _____

(Women) Are you currently pregnant? ☐ Yes ☐ No

aliciadawnmiranda@gmail.com

WA STUDIO #1: 24108 33rd Ave E Spanaway, WA 98387

CA STUDIO #2: 1254 Pine St. Martinez, CA 94553

TX STUDIO #3: 13936 C F Hawn Fwy Unit 5, Dallas, TX 75253

805-886-4558

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POLICIES & WAIVER

Rescheduling: A 24-hour notice is required to reschedule or cancel an appointment, or you will be charged in full for the appointment. Payment is due before your next appointment.

Tardiness: Appointment times are as scheduled and cannot extend beyond the stated time to accommodate late arrivals. Type of service may have to be modified to respect the technician and other client schedules. Please arrive at least 5 minutes before your appointment.

It has been explained to me that the service/s I am requesting may include potential risks, such as allergic, chemical, or other adverse reactions, which might cause discomfort, illness, or injury. I voluntarily release the nail technician performing this service and the place of business from any and all liability for any harm, injury, illness, damage, claims, discomfort, demands, action, and causes of action. I agree to the service and will not hold (nail technician name) Alicia Dawn Miranda or (business name) Paint By A Girl responsible for any undesirable outcomes.

I understand, have read, and truthfully completed this questionnaire. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin or nails from treatments received. The treatments I receive here are voluntary and I release this institution and/or nail professional from liability and assume full responsibility thereof. I understand and accept the salon policies.

Client Signature

Date

Tech Signature

Date

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CLIENT RELEASE

COVID 19 INFORMATION & LIABILITY WAIVER

Client Name: _____

Date: _____

COVID-19 Information

1. Have you had a fever in the last 24 hours of 100°F or above? Yes ☐ No ☐
2. Do you now, or have you recently had, any respiratory or flu symptoms, sore throat, or shortness of breath? Yes ☐ No ☐
3. Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms? Yes ☐ No ☐

COVID-19 is a highly contagious virus that spreads from person to person. In addition to long-held and explicit sanitation measures this business has always adhered to, new preventative measures have been put in place to further reduce the spread of this novel coronavirus. However, these best practices still offer no guarantee regarding your potential risk of being infected.

Consent for Treatment

I understand that, because this service involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved from receiving service at this time, I voluntarily agree to assume those risks, and I release and hold harmless the nail tech/business from any claims related thereto. I give my consent to receive service from this nail tech.

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Client Signature: _____ Date: _____

Parent or Guardian Signature (in case of a minor): _____ Date: _____

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RELEASE FORM

Alicia Dawn Miranda has explained that the service or services I am
(Tech's full name)

requesting may include potential risks, such as allergic, chemical, or other adverse reactions, which might cause discomfort, illness, or injury.

Details of the service requested

I, _____, the undersigned, voluntarily release
Alicia Dawn Miranda of any and all liability for any harm, injury, illness, damage, claims,
(Tech's full name)

discomfort, demands, action, and causes of action. I agree to the service and will not hold
Alicia Dawn Miranda or Paint By A Girl responsible for any undesirable
(Tech's full name) (Name of business)
outcomes.

Client Signature _____ Date _____

Tech Signature _____ Date _____

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TREATMENT RECORD

Name:

DATE	SERVICE	PRODUCTS USED	NOTES

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