

Client Information

Beautiful You by Profile is honored to treat you during this difficult time. We are happy to provide you with complimentary services during your treatment. No information on this form will be shared with outside sources.

Date_____

First Name_____

Last Name_____

(Please indicate one) Mrs. /Ms. /Miss/ Dr.

Address_____

City_____ State_____ Zip_____

Home Phone_____

Cell Phone_____

Work Phone_____

Email_____

How did you hear about Beautiful You? _____

Gender Female_____ Male_____

Race (Please Circle One) White Black Asian Latino Pacific Islander Native American
Biracial Other

Date of Birth_____

Emergency Contact

Name_____

Relationship_____

Phone_____

Rate your support system 1-10 (10 being the strongest)_____

Married_____ Single_____ Divorced_____

Health Information

For your comfort & safety, please provide us with your health information.

When were you diagnosed with cancer? _____

Please let us know which type: _____

Current treatment plan?

Chemo _____ Radiation _____ Surgery _____ Maintenance Medication _____

Date & Type of Surgery _____

Anticipated end of treatment? (mm/yy) _____

Primary Care Physician _____

Oncologist _____

Hospital _____

Are you taking any medication at present? _____

If yes, please list _____

Any allergies, please list _____

Do you have or had any skin reactions to skin care, makeup or hair care products? _____

If yes, please elaborate _____

Do you have any other medical conditions of which we should be aware of?

Yes No

If yes, please list _____

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits.

Signature _____ Date _____

Release Form

I, _____, for services to be provided me and for other good and valuable consideration, here by agree to hold harmless and release Beautiful You by Profile as well as all of its officers, directors, employees, agents and volunteers from any and all liability, damages, claims, causes of action, costs and/or expenses of any kind or nature, whether known or unknown, that may arise from or relate to any salon service, spa treatment, or other service that I may receive from any of the foregoing released parties.

Sign _____

Print _____

Date _____

Photographic Consent

I hereby grant permission to Beautiful You by Profile to use, without compensation, photographs and other images of me for the purposes of fundraising, advertising, promotions, and/or any other purpose consistent with the charitable mission of the organization.

Sign _____

Print _____

Date _____

- Please check if you do not grant permission to Beautiful You by Profile to use photographs and other images for the purposes of fundraising, advertising, promotions, and/or any other purpose consistent with the charitable mission of the organization.