



465 South La Cienega Blvd, Suite 375
Los Angeles, CA 90048

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Info@PearlRecoveryRetreat.com
PearlRecoveryRetreat.com

Please complete our confidential medical history form so we can best prepare for your stay at Pearl Recovery Retreat.

PATIENT INFORMATION

First Name _____ Last Name _____

Gender _____ Height _____ Weight _____

Marital Status _____ Occupation _____

Phone Number _____ E-mail Address _____

Home Address _____

Work Phone Number (Optional) _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

Emergency Contact Relationship: _____

MEDICAL HISTORY

Do you have any allergies, such as to medications, dyes, foods, latex, etc.? If so, please list them here as well as the reaction you have to each one. If none, please write 'n/a':

Have you ever been diagnosed or treated for...

- _____ High blood pressure
- _____ High cholesterol
- _____ Heart disease
- _____ Blood, bleeding or blood clot disorders
- _____ Cancer of any kind
- _____ Diabetes



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- _____ Gastrointestinal issues
- _____ Infectious diseases
- _____ Kidney or bladder issues
- _____ Liver disease
- _____ Lung disease
- _____ Neurological disorders
- _____ Vascular disease
- _____ Psychiatric health issues (anxiety, depression, etc.)
- _____ Have you ever been told you were too high risk for surgery?
- _____ Have you ever received chemotherapy or radiation?
- _____ Other

Please explain all 'yes' answers. If none, write 'n/a':

FAMILY HISTORY

- _____ Have any of your relatives suffered from heart, lung, or bleeding/clotting problems?
- _____ Have any of your relatives suffered from serious post-operative complications?

SOCIAL HISTORY

Do you smoke currently? If so, how many packs per day and for how many years?

If you have quit smoking, when did you quit? How many packs per day did you smoke?



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Have you used recreational IV drugs? If yes, what type of drugs and when?

How many glasses of alcohol do you drink per week? _____

Medications and Supplements

Do you take any vitamins or supplements currently? If so, please list their names, dosages and frequency.

Do you take any over-the-counter medications such as pain medications? If so, please list their names, dosages and frequency.

Do you take any prescription medications such as for high blood pressure? If so, please list their names, dosages and frequency.

Surgical History

Please list all previous surgeries, the year the surgery was performed, and any complications you experienced.



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Personal Preferences

Our Pearl nurses and staff are dedicated to providing you a personalized recovery from surgery that will help you feel rested and rejuvenated. Tell us more about you!

What is your favorite TV channel or show? _____

What type of music do you enjoy? _____

What are your favorite beverages? _____

What are your favorite snacks? _____

Do you have any special requests of our staff?

Form Validation

_____ Please initial here, constituting your signature agreeing to the following statement:

"I am the person whose name appears on this form and that all information is correct to the best of my knowledge. In addition, I understand that Pearl Recovery Retreat ("Pearl") is a luxury service (not a medical service or medical provider) intended to provide a comfortable and private setting to assist with mental and physical recovery following outpatient cosmetic surgery procedures. I understand that Pearl is not a substitute for medical care or hospitalization and, as such, I am electing to use the services of Pearl as a matter of convenience and not for reasons related to medical care. I hereby acknowledge that I am of legal age and of sound mental capacity and that I make this election free from any duress or undue influence.

I understand that all services offered and/or provided by Pearl are provided exclusively by Pearl and are not provided by SLS Hotel and/or any of its or their affiliates or employees (collectively, "SLS"); without limiting the foregoing, I understand and agree that SLS is not in any way affiliated or associated with, and does not sponsor, any of Pearl's services and, further, that SLS is merely providing a hotel room, as it would to any hotel guest, and does not provide any other services (including, but not limited to, medical or nursing), does not provide or monitor the



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call service, does not enforce the visiting hours established by Pearl, does not ensure the privacy of Pearl clients, and does not monitor, evaluate the suitability of, supervise, or in any manner control, direct, or monitor the actions of any client and/or employee, independent contractor, agent, or affiliate of Pearl. I understand that SLS has not evaluated whether its facilities are suitable for the services provided and/or offered by Pearl, all such evaluations and determinations having been made exclusively by Pearl, and that SLS expressly disclaims any and all representations and warranties regarding the suitability of its facilities for these purposes.

I agree, on behalf of myself, any family members, my heirs, successors, and assigns, to indemnify and hold harmless SLS and all of its owners, agents, officers, directors, employees, subsidiaries, and affiliates (each a "SLS Indemnified Party") from and against any and all loss, liability, damage, cost, expense (including reasonable attorneys' and expert witness' fees and disbursements and costs of investigation), judgment, charge, fine, interest, penalty or assessment resulting from, arising out of, or relating to, any act, omission, or state of facts and/or any demand, action, suit, proceeding, claim, assessment, judgment or settlement or compromise, whether known or unknown, of any kind whatsoever that I may sustain: (1) in connection with, as a result of and/or otherwise arising out of any services provided to me by Pearl; (2) in connection with, as a result of and/or otherwise arising out of any failure of Pearl to provide any services or care to me; (3) Pearl's negligence, misconduct, intentional conduct, and/or actions; and/or (4) in connection with, as a result of and/or otherwise arising out of my surgery, my outpatient recovery care, and/or my post-operative medical treatment

Further, I understand that my medical care, at all times, and in all circumstances, remains the responsibility of the surgeon who performed my surgery. I understand that only my surgeon is authorized to write prescriptions for me and to determine if outpatient recovery care is appropriate for my particular recovery needs. I understand that my surgeon is the only party with the authority to order and perform post-operative medical treatment and he or she reserves the right, alone, to order my hospitalization, if that is the level of care I require. I further understand that my surgeon is the only party authorized to determine the level of post-operative care needed following my procedure, including whether discharging me to a non-medical facility, such as home or Pearl, is appropriate.

I understand that I may be unsteady on my feet following surgery and I agree to request assistance getting out of bed for the first 24-hrs following surgery. In addition, while on pain medication, I agree to remain in my recovery suite at Pearl unless accompanied by a friend, family member or Pearl nurse.



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In consideration of the foregoing, I still elect to utilize the services of Pearl. I agree to indemnify and hold harmless Pearl and all of its owners, agents, officers, directors, employees and affiliates from and against any and all loss, liability, damage, cost, expense (including reasonable attorneys' fees and disbursements and costs of investigation), judgment, charge, fine, interest, penalty or assessment resulting from, arising out of, or relating to, any act, omission or state of facts and any demand, action, suit, proceeding, claim, assessment, judgment or settlement or compromise, whether known or unknown, of any kind whatsoever that I may sustain in connection with the services provided to me by Pearl or any of the foregoing.

In addition, I fully understand that it is MY responsibility to check with my surgeon, prior to my surgery date, for verification on which over-the-counter AND prescription medications I may take while recovering at Pearl. I agree to ONLY bring over-the-counter & prescription medications, to Pearl which my surgeon has verified I may safely restart on arrival to the facility. I understand that it is my responsibility to place ALL approved medications, BOTH prescription and over-the-counter, in ONE MEDICATION BAG that will be given to Pearl staff on arrival. Furthermore, I agree that I will not self-administer medication of any kind during my recovery and that by choosing to do so, I am jeopardizing my own health and safety. I hereby agree to indemnify and hold harmless Pearl and all of its owners, agents, officers, directors, employees and affiliates from and against any and all loss, liability, damage, cost, expense (including reasonable attorneys' fees and disbursements and costs of investigation), judgment, charge, fine, interest, penalty or assessment resulting from, arising out of, or relating to, any act, omission or state of facts and any demand, action, suit, proceeding, claim, assessment, judgment or settlement or compromise, whether known or unknown, of any kind whatsoever that I may sustain in connection with choosing not to comply with Pearl's medication policy stated here.

Further, I understand that Pearl has a strict NO SMOKING policy and I will be fined \$250 if caught smoking in my room. I understand that smoking causes significant detriment to my body's ability to heal and greatly increases my risk of post-op complications. I hereby agree NOT to smoke while at Pearl. I also agree NOT to request the assistance of a Pearl staff member, hotel employee or any other person to assist me outside to smoke. Should I decide to smoke and breach this contract, I am doing so at my own risk. I hereby agree to indemnify and hold harmless Pearl and all of its owners, agents, officers, directors, employees and affiliates from and against any and all loss, liability, damage, cost, expense (including reasonable attorneys' fees and disbursements and costs of investigation), judgment, charge, fine, interest, penalty or assessment resulting from, arising out of, or relating to, any act, omission or state of facts and any demand, action, suit, proceeding, claim, assessment, judgment or



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settlement or compromise, whether known or unknown, of any kind whatsoever that I may sustain in connection with choosing to smoke while at Pearl.

I hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in transportation activities involved with Pearl. Further, authorization and permission is hereby given to Pearl to furnish any necessary transportation, and I hereby agree to hold harmless and indemnify Pearl and all of its owners, agents, officers, directors, employees and affiliates for any liability sustained by services provided by Pearl as a result of the negligent, willful or intentional acts of Pearl including expenses incurred attendant thereto and hereby give permission to hospitalize and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. I understand that this is a legally binding release and consent that the transportation services are provided in consideration for this signed release and consent. I have carefully read this Release of Liability and Consent for Transportation and Medical Treatment policy, outlined here and fully understand its contents. Being aware of said contents, I sign of my own free will. I understand that whenever myself, a family member or friend will be transported, that I hereby release and hold Pearl and all of its owners, agents, officers, directors, employees and affiliates harmless from any and all loss, liability, damage, cost, expense (including reasonable attorneys' fees and disbursements and costs of investigation), judgment, charge, fine, interest, penalty or assessment resulting from, arising out of, or relating to, any act, omission or state of facts and any demand, action, suit, proceeding, claim, assessment, judgment or settlement or compromise, whether known or unknown, of any kind whatsoever that I, a family member or a friend, may sustain in connection with the services provided to me by Pearl or any of the foregoing.

Furthermore, I hereby release and hold each any every SLS Indemnified Party harmless from and against any and all loss, liability, damage, cost, expense (including reasonable attorneys' and expert witness' fees and disbursements and costs of investigation), judgment, charge, fine, interest, penalty or assessment resulting from, arising out of, or relating to, any act, omission or state of facts and any demand, action, suit, proceeding, claim, assessment, judgment or settlement or compromise, whether known or unknown, of any kind whatsoever that I, a family member or a friend, may sustain: (1) in connection with, as a result of and/or otherwise arising out of any services provided to me by Pearl; (2) in connection with, as a result of and/or otherwise arising out of any failure of Pearl to provide any services or care to me; (3) Pearl's negligence, misconduct, intentional conduct, and/or actions; and/or (4) in connection with, as a result of and/or otherwise arising out of my surgery, my outpatient recovery care, and/or my post-operative medical treatment."



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Rx pickups, injections, and additional medical supplies will be quotes during the initial consultation. Any additional medical supplies will accrue a fee. Catered meals, overnight guests, and weekend stays will also be available at an extra cost.

In order to provide the best experience possible for our guests, we have a 24 hour cancellation policy. A one night deposit will be required prior to your reservation date. If you need to cancel your stay with us for any reason, please call us 24 hours before your check-in date at 310-331-8786. We will return all deposits made within the 24 hour notice.

Pearl Recovery Retreat / Pearl Wellness Center shall not be liable for any lost or damaged items during your stay. Pearl Recovery Retreat/ Pearl Wellness Center recommends that you bring any personal property at your own risk.

I have read and agree to the above:

DATE

PRINT NAME

SIGNATURE