

Name: _____ Gender (please circle): Male / Female

Address: _____ Phone: _____

City/State/ZIP: _____ Birthday: _____

E-Mail: _____

How did you hear about me? _____

Have you waxed before? If yes, what areas? _____

Any problems? _____

Do you take any of the following or use products containing the following? (please circle)

Accutane Retin-A Glycolic, Lactic Hydroquinone Tetracycline Renova Salicylic Acid Topical Cortisone

If so, how long? _____

Have you had any of the following procedures? (please circle)

Chemical Peel Laser Resurfacing Microdermabrasion Removal of Skin Cancer Any other Major Exfoliation Procedure

How long ago and on what areas? _____

Have you had or have any of the following? (please circle)

Diabetes Dermal Abrasions Warts High Blood Pressure Poor Circulation Vericose Veins

Other: _____

When is your menstrual cycle due? _____

**For your own comfort, it is best not to wax two days prior, during, and two days following your cycle.*

List any medications or supplements that you are currently taking: _____

Any known allergies? _____

Do you sun tan? (please circle) Yes/No When? _____

**Do not expose skin to the sun or tanning beds for at least 48 hours after the waxing service.*

My signature below certifies that I have answered the above questions honestly. I understand that waxing may result in trauma and/or reactions (scabbing, redness, bruising or pimples) and relieve the technician of any of liability as a result. I also understand that if I expose myself to any of the products, services, or items listed above and do not inform my technician, I am accepting responsibility for my skin's reaction.

Signature

Date

All Elegant Skin cancellations must be made at least 24 hours in advance.