

	ADDRESS:				
	CITY:	STATE:	ZIP:		
EMAIL:		Home Phone:			
BIRTHDAY:		WORK PHONE:			
BEVERAGE PREFERENC	CE:	CELL PHONE:			
How often do you i	have waxing done?				
	REACTION TO A WAXING SERVICE?			YES	NO
ARE YOU ALLERGIC TO IF SO, PLEASE DESCRIBE	ANYTHING?			YES	NO
ARE YOU ON ANY MED IF SO, PLEASE DESCRIBE	ICATIONS?			YES	NO
HAVE YOU BEEN OR WILL YOU BE IN THE SUN (OR TANNING BED) WITHIN 24 HOURS OF THIS TREATMENT?				YES	NO
	NY DERMABRASION TREATMENTS?			YES	NO
HAVE YOU RECEIVED B	OTOX® TREATMENTS IN THE LAST 72	2 HOURS?		YES	NO
ARE YOU USING RETIN-A®, ACCUTANE®, ALPHA HYDROXY, TETRACYCLINE OR ANY OTHER ACNE/SKIN MEDICATIONS?				YES	NO
IS YOUR SKIN DRY?				YES	NO
Are you pregnant? If so, please indicate	E YOUR DUE DATE:			YES	NO
DO YOU HAVE DIABETI	ES, PHLEBITIS OR ANY SKIN IRRITATI	ions?		YES	NO
IS THERE ANYTHING WE NEED TO KNOW ABOUT YOU IN ORDER TO BETTER SERVICE YOUR NEEDS?					
I have been advised that the service(s) provided to me by this salon could have unfavorable results including, but not limited to: allergic reaction, irritation, burning, redness, soreness, etc. I am aware that certain medications and over-the-counter products can significantly increase the risk of injury when combined with skin care services. I understand that this salon does not recommend skin care services for customers using Retin-A®, Accutane®, products containing alpha hydroxy, or any other skin thinning treatments. I hereby confirm that I am not using any medication that may cause or contribute to any such injury/reaction, and I will advise my stylist should I use any such medication in the future. I understand that there are often inherent risks associated with skin care services, and I agree that as a condition of providing these services on an ongoing basis, I will not hold this salon/service provider liable.					
Signature:		DA	TE:		
*Retin-A® is a registered trademark of Johnson & Johnson. Accutane® is a registered trademark of Hoffman-La Roche Inc. Botox® is a registered trademark of Allergan, Inc.					

NAME: _____

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