

It's Only Skin Deep Sugaring Consultation Form

Name _____

Email _____ Phone _____

What method of hair removal are you currently using? _____

Have you ever experienced sugaring? YES NO Date of last treatment? _____

Do you suffer from any medical problems:

Diabetes: YES NO

High Blood Pressure: YES NO

Do you suffer from lung disorders? YES NO

If yes, please provide details: _____

Do you have any known allergies? YES NO Latex allergy? YES NO

If yes, please list _____

Have you ever experienced a skin reaction? (hives, rash, etc.) YES NO

Do you suffer from eczema or psoriasis? YES NO

Are you taking any medications orally or topically? YES NO

If yes, please list _____

Do you use Retin -A or Glycolic in any skin treatment or do you receive any professional skin treatment? YES NO

Do you use micro-dermabrasion techniques as a form of exfoliation? YES NO

Do you consider your skin to be sensitive? YES NO

If yes, please explain _____

Do you hydrate your skin regularly? YES NO

Do you exfoliate your skin regularly? YES NO

Do you detoxify your skin regularly? YES NO

Are you pregnant? YES NO If yes, how many months? _____
Are you experiencing any hormonal imbalance? YES NO
If yes, please explain _____

The above information will provide It's Only Skin Deep's practitioner with information needed to carry out the best possible treatment for you individually. Please be advised that every client is provided with professional advice from their practitioner when carrying out the treatment. These instructions should be followed closely so that the client experiences a safe and pleasurable treatment. Our practitioner is NOT responsible for reactions caused by other products used by the client and for reactions caused as a result of the information above not being correct.

Signature _____ **Date** _____