

Lisa's Salon and Day Spa

630.691.0510

Client Profile – Waxing Services

Name: _____

Email _____

Address: _____

City _____

State: _____ Zip: _____

Phone: _____

Please indicate by marking an 'X' whether you have now or ever had any of the following medical conditions or used any of the following medications or treatments.

Diabetes

Accutane

High Blood Pressure

High Blood Pressure Medication

Warts

Tetracycline

Dermal Abrasions

Thyroid Medication

Excessive Moles

Glycolic Acid

Varicose Veins

Retin-A

Poor Circulation

Alpha Hydroxy

Skin Cancer

Cortisone

Are you under the care of a Dermatologist?

Yes No

If Yes

Dermatologist: _____ Phone: _____

Please indicate the dates of your most recent:

Tanning (sun) _____ Chemical Peel _____

Tanning (bed) _____ Waxing _____

Post care: Do not expose skin to the sun/indoor tanning for at least 48 hours after waxing service. I understand that I am accepting any reaction from a waxing service.

(Client Signature)

(Date)