

Utopic Therapeutic Massage & Skin Care, LLC

Waxing Services

Name: _____

Birthday: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Referred By: _____

Email Address (if you want to receive monthly specials): _____

Please answer the following questions:

Please circle whether you have now or have ever had any of the following medical conditions:

Diabetes

Excessive Moles

Poor Circulation

High Blood Pressure

Varicose Veins

Pregnancy

Dermal Abrasions

Stomach Ulcers

Hepatitis

Any other skin conditions (please explain below)

Please circle whether you are taking any of the following medications:

Acutane

Thyroid Medication

Cortisone

High Blood Pressure Medication

Glycolic Acid

Retin-A (in the past 6 months)

Alpha-Hydroxy Acid

Citric Acid

Any other medications that affect your skin (please explain below)

Are you under the care of a Dermatologist? _____

Do you have any allergies or sensitivities to anything? _____

Do not expose skin to tanning for at least 24 hours after waxing service. Irritation, redness, inflammation, pimples and other conditions may follow waxing. Do Not rub or scratch this area. I have disclosed my health history truthfully, and will alert the esthetician of any changes.

Client Signature: _____

Date: _____