



PERSONAL INFORMATION

Name: _____ Date of Birth: _____

Address: _____

City: _____ Province: _____ Postal: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Referred By: _____

Preferred Appointment Reminder Method: Text Call Email

Emergency Contact Name: _____ Phone: _____

YOUR HEALTH

Any current or past health conditions? (Please check all that apply)

STI/STD HIV/AIDS Diabetes None

Menstrual Problems Blood Disorders Epilepsy/Siezuers

Do you have any other medical concerns or injuries that may be pertinent to your treatment?

Allergies (Please check all that apply)

Almonds Coconut Sage Sunflower Seed None

Wheat/Gluten Witch Hazel Other _____

YOUR SKIN

Are you currently taking or have you taken any of the following in the past 6 months?

Accutane Retin A Renova Alpha Hydroxy Acid (AHA) None

If you have taken any of the above or have recieved an acid peel or other chemical facial we can NOT proceed with any SugarBrig treatment of the face for 3-6 weeks.



I understand that an adverse reaction during or after my SugarBrig™ treatment may occur. If I have any concerns, I will address these with my SugarBrig™ Practitioner. I consent to receive SugarBrig™ Hair Removal treatments and hereby release SugarBrig™, its officers, employees, agents, or its assigns from any and all liability arising from or as a result of any treatment(s) I will receive today and during all future appointments. I have given an accurate account of the questions asked above including all known allergies or prescription drugs or products I am currently ingesting or using topically. I understand my SugarBrig™ Practitioner will take every precaution to minimize or eliminate negative reactions as much as possible.

I have read and understand the post-treatment home care instructions. I am willing to follow recommendations made by my SugarBrig™ Practitioner for a home care regimen that can minimize or eliminate possible negative reactions. In the event that I may have additional questions or concerns regarding my treatment or suggested home products/post-treatment care, I will consult the SugarBrig™ Practitioner immediately. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand that procedure and accept the risks.

Client Name (printed) _____

Client Signature _____ Date _____