



WHITE WILLOW

— Natural Skincare Clinic —

SUGARING CONSULTATION FORM

Please fill out this Sugaring Consultation Form
and return to you Therapist.

Name, Surname _____

E-mail Address _____

Phone Number _____

How did you hear about Alexandria Professional Body Sugar Hair Removal?

What method of hair removal are you presently using?

Have you experienced Alexandria Professional treatments before?

Yes No If yes, when was your last treatment date? _____

Do you suffer from any medical problems, i.e., diabetes, high blood pressure?

Yes No If yes, please give details _____

Do you suffer from any lung disorders such as asthma?

Yes No If yes, please give details _____

Have you any known allergies?

Yes No If yes, please give details _____

Are you taking any medication, either topically or orally?

Yes No If yes, please give details _____

Have you ever experienced a severe skin reaction?

Yes No If yes, please give details _____

Do you have any skin disorders?

Yes No If yes, please give details _____

Do you suffer from eczema or psoriasis?

Yes No

Are you allergic to latex?

Yes No

Do you use Retin-A, Retinol or Glycolic Acid in any skin treatments you use? Or do you receive any professional (dermatology) skin treatments?

Yes No If yes, when was your last treatment date? _____

Do you consider your skin to be sensitive?

Yes No If yes, please give details _____

Do you detoxify your skin regularly?

Yes No If yes, please give details _____

Are you experiencing any hormonal imbalance?

Yes No If yes, please give details _____

Do you use micro-dermabrasion techniques as a form of exfoliation?

Yes No

Do you hydrate your skin regularly?

Yes No

Do you exfoliate your skin regularly?

Yes No

Are you pregnant?

Yes No

Client Record Card and Data Collection Consent

All information contained herein is strictly confidential and for the use of your Alexandria Professional Practitioner only. We collect your data in accordance with privacy legislation.

I Accept

Signature _____

THANK YOU!

