

NWA Skin Care Solutions

Sugaring • Eyelashes • Facials

Body Sugaring Intake Form

Name: _____ Date: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Newsletter: yes no

Have you been sugared before? yes no

Have you received a recent chemical exfoliation such as a glycolic peel or other AHA treatment? yes no If yes, when? _____

Have you applied any topical products containing glycolic, lactic or salicylic acid, lightening or bleaching gels? yes no If yes, when? _____

Have you had microdermabrasion, laser resurfacing, light therapy or injectable treatments? yes no If yes, when? _____

Are you taking acne drugs or using exfoliating topical products such as Retin-A® or other Vitamin A products? yes no If yes, when? _____

Have you had continuous exposure to the sun, shaved, scrubbed or experience recent peeling or irritation in the last 48 hours? yes no If yes, when? _____

Skin treatments: _____ Dates: _____

Products currently using on face and neck: _____

Medical Conditions: _____

Medications: _____

Pregnant or lactating? yes no

Under a dermatologist's care now or recently? yes no

Name of Doctor: _____ Date Last Seen: _____

Allergies to products or medications: _____

History of fever blisters or cold sores? yes no

Tanning regime or use of tanning booths? yes no Frequency: _____

Signature: _____ Date: _____