Love BELLA™

Date_____

Name_____ _____

Address_____

Email _____Phone _____

Have you ever been seen by a dermatologist? Yes _____ No _____ if yes,
for what reason? When? _____
Please list all medications that you take regularly, include hormones, vitamins etc: _____
_____
Are you taking or have you ever taken Accutane or any other acne medications? Yes___ No____
Do you or have you ever used Retin A, Or other topical vitamin A? Yes___ No____
if yes, for how long or how long ago?_____
Do you have any allergies? Have you ever had an allergic reaction to anything? Yes___ No____
Please list. _____
Have you ever had any of the following? Laser resurfacing Yes___ No____
Light Chemical Peel Yes___ No____
Medium/Heavy Chemical Peel Yes___ No____
Do you tan or use tanning beds? Yes___ No____ if yes – when was the last time? _____
Do you have a history of fever blisters, or cold sores? Yes___ No____
Have you ever experienced a reaction rom waxing or from an allergic reaction Yes ____No ____
Please explain _____
I have _____ I have not _____ been tanning in within the last 72 hours
I am_____ I am **not**_____ presently using: Retin A or any other topical Vitamin A
I am_____ I am **not**_____ presently using: Accutane or any other acne medication
I am_____ I am **not**_____ presently using: Any exfoliant or hydroxy based products
I am_____ I am **not**_____ presently using: Any medications such as cortisone, blood thinners, or diabetic medication

I understand that if I am using or begin using any of the above products and do not inform my esthetician prior to hair removal I am accepting full responsibility for any skin reactions.
The hair removal process has been thoroughly explained to me and I have had opportunity to ask questions and receive satisfactory answers.

Client Signature Date

_____ _____