

Client questionnaire

All information contained herein is strictly confidential and for the use of the sugar technician only. (Please print)

NAME: _____ TELEPHONE: _____
ADDRESS: _____
POSTAL CODE: _____

1. How did you become aware of body sugaring?

<input type="checkbox"/> Magazine/ newspapers	Name: _____
<input type="checkbox"/> Radio/ Television	Station: _____
<input type="checkbox"/> friend/Relative	Name: _____
<input type="checkbox"/> other	_____

2. what method of hair removal are you currently using: _____
3. Have you ever experienced body sugaring?
If yes, when was your last treatment? _____
4. Do you have any known allergies? _____ I
If yes, what kind _____
5. Have you ever experienced a severe skin reaction, i.e. hives? _____
If yes, please explain: _____
6. Are you presently taking any medication either orally or topically? _____
If yes, please explain _____
7. Do you use Retin-A, Retinol or Glycolic in any skin treatment or do you receive any professional (dermatology) skin treatment, i.e. rosacea? _____
8. are you presently taking or using any prescription containing Acutane: _____
9. Do you consider your skin to be sensitive? _____
10. Are you experience any hormonal imbalance? _____ Please explain: _____
11. Do you suffer from any ling disorders such as Asthma? _____

The above information will provide you sugaring practitioner with information needed to carry out the best possible individual treatment.

PLEASE BE ADVISED

Every client is provided with professional advice from the trained body sugar technician carrying out the treatment. If these instructions are followed closely, clients should experience a safe a pleasurable treatment. Sugar of the Nile is not responsible for reactions caused by other product used by the client and for reactions caused as result of the information above not being correct.