

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

**Are you interested in learning about membership at VIDA Fitness or would like guest passes to try the gym out? Please circle:**

YES NO

Please list any allergies, including allergies to medications and food: \_\_\_\_\_

Are you currently taking any medications, including hormones, vitamins, and supplements? \_\_\_\_\_

List any recent dermatological procedures (injections, peels, lasers): \_\_\_\_\_

Do you use cortisone, blood thinners, or diabetic medication? YES NO (please circle)

Do you have a history of fever blisters or cold sores? YES NO

Are you pregnant or lactating? YES NO

Are you under a dermatologist's or doctor's care? YES NO

If yes, for what reason? \_\_\_\_\_

Do you use Retin-A, Renova, other topical vitamin A, or hydroquinone? YES NO

If yes, for how long and with what frequency? \_\_\_\_\_

Do you use Accutane, Resorcinol, or other acne medications? YES NO

If yes, for how long? \_\_\_\_\_

Do you use an exfoliant or hydroxy-based products? YES NO

If yes, which ones/with what frequency? \_\_\_\_\_

What are your goals for your skin? \_\_\_\_\_

What are hoping for or expecting from today's treatment? \_\_\_\_\_

Waxing may cause bruises, scabs, scarring, redness, hyperpigmentation, and pimples; waxing of soft tissue can cause the skin to tear, resulting in the need for stitches. Please sign/date to acknowledge understanding of potential reactions, and that you are hereby responsible for notifying therapist of any changes to the information you provided above. If you are unsure whether you should sign, or would like the hair removal process explained thoroughly, please address any questions to your therapist in the privacy of the Spa room.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

