

SUGARING INTAKE FORM

BEFORE SUGARING (circle Yes OR No)

Have you ever had a professional sugaring or waxing? Yes / No

Have you ever had an adverse reaction to sugaring or waxing? Yes / No

Have you been had a peel, microdermabrasion, or tanned in the past 48 hours? Yes / No

Are you currently taking any medication? Yes / No

All other medications here:

Do you have any allergies? Yes / No

List all allergies/allergens: (don't forget, product ingredients, foods, plant/herbs, latex, etc)

Are you taking any medications? Yes / No (circle ALL that apply)

Accutane	Adapalene	Alustra	Avita	Differin	Tretinoin
Isotretinoin	Renova	Retin A	Tazarac	Tazarotene	Benzoyl Peroxide
Retinol	Antibiotics	Heart Meds	Acne Meds		

List all other medications: (any medication can be a risk during hair removal)

Are any of these conditions present? (circle ALL that apply)

Varicose Veins	Recent Surgery	Sunburn	Allergies
Phlebitis	Diabetes	Capillaries	Rash
Scar Tissue	Herpes	Pregnancy	Hypertension
Chemotherapy	AIDS/HIV	Hepatitis	Warts/HPV
Menstrual Cycles	Heart Condition	Fungus	Infection
Ingrown Hair	Moles	Acne	Stress

All other conditions:

Did you consume any of these items this week? Yes / No

In the last 24 hours? Yes / No

(circle ALL that apply)

Tylenol	Advil	Pain Killers	Lots of Fruit	Vitamin C Supplement
Multi-Vitamin	Alcohol	Sugar	Caffeine	Nicotine
Medication	Herbs	Juices		

Any items above being present can cause you to experience more discomfort, an increased chance of side effects like skin injury, bruising, scabbing or other complication. You must inform your practitioner immediately if any of the items above change at any time in-between services. Your intake information is important to keep up to date for your safety during hair removal or other services. Thank You.

Client Print, Sign & Date:

Professional Print, Sign & Date:

