

Do you sunbathe or use tanning beds?	Y	_____	N	_____
Do you burn easily in moderate sunlight?	Y	_____	N	_____
Do you blush easily when nervous?	Y	_____	N	_____
Do you have a tendency to redness?	Y	_____	N	_____
Do you suffer from sinus problems?	Y	_____	N	_____
Do you experience oily shine during the day?	Y	_____	N	_____
Do you ever experience skin breakouts?	Y	_____	N	_____
Do you ever experience a burning, itching sensation on your skin?	Y	_____	N	_____

What is your pain threshold? _____

Have you ever experienced claustrophobia? Y _____ N _____

What type of massage pressure do you prefer? _____

Female Clients only

Are you taking oral contraception? _____
 Are you pregnant or trying to become pregnant? _____
 Are you lactating? _____

Male clients only

What is your current shaving system? _____
 Do you experience irritation from shaving? _____
 Do you experience ingrown hairs? _____

Clients signature _____

Date _____