

**Your comfort and safety are of utmost importance to us. The therapist that will administer your treatment today will kindly ask you to inform her if you answer ‘YES’ to any of the following important questions:**

- 1.** Have you had any previous reactions to waxing before?
- 2.** Do you have any allergies, particularly to any type of resin/ glue i.e. plasters beeswax or lanolin?
- 3.** Are you pregnant or have you had a Caesarean in the last 6 months?
- 4.** Are you using Roaccutane or other acne medication & if yes have you used this in the last 6 months?
- 5.** Have you had any recent operations, injuries, cuts or bruises?
- 6.** Are you on any medication or do you have any medical condition that may affect your treatment today?

Name.....Signature.....Date...../...../.....

Address.....Post Code.....

Tel No.....Email.....

Emergency Contact Name.....Tel No.....

*Please return form to your Beauty Thearapist at Ruby and Dolly.  
We look forward to treating you soon.*

**Thank you**