

# EPIPHANY SPA & BOUTIQUE

## Client Questionnaire

Thank you for visiting our spa. Our sincere hope is that you feel comfortable and enjoy your stay with us today. The following few questions will help us determine how best to serve you, your skin and nail care needs. Please do not hesitate to ask our aestheticians any questions you might have.

Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Birthday \_\_\_\_\_ / \_\_\_\_\_  
Day Month

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

**How did you hear about us?**

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code \_\_\_\_\_

Cell phone: \_\_\_\_\_ other phone: \_\_\_\_\_

**Emergency contact:**

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

Check this box to give your consent to receive valuable VIP emails. Your email address is kept confidential. Hassle-free cancel anytime.

Please circle the answer that applies:

### NAILS:

**Are you diabetic** Yes No **Are you on blood thinners** Yes No **Do you have poor circulation** Yes No  
**Do you have ingrown toe nails** Yes No **Do you have skin allergies** Yes No \_\_\_\_\_

### WAXING:

**What body part are you waxing?** \_\_\_\_\_

**When did you last shave this area?** \_\_\_\_\_ **When did you last wax this area?** \_\_\_\_\_

**Do you have the following (or tend to have the following reactions):**

<i>Ingrown hair(s)</i>	Yes	No	<i>Hyperpigmentation</i>	Yes	No	<i>Bruising</i>	Yes	No
<i>Scarring</i>	Yes	No	<i>Bumps</i>	Yes	No	<i>Herpes Virus</i>	Yes	No
<i>Allergies</i>	Yes	No	<i>If yes, what allergies do you have?</i> _____					

**Are you on or using the following:**

<i>Accutane</i>	Yes	No	<i>Alpha-hydroxy Acid</i>	Yes	No	<i>Retin-A</i>	Yes	No
<i>Glycolic Acid</i>	Yes	No	<i>Resorcinol</i>	Yes	No	<i>Scrub/Peel of any kind</i>	Yes	No

Any other medication? \_\_\_\_\_

Your skin and nail care is our utmost concern; please inform your aesthtician if you have started a regiment that includes a different skin/nail care product or new medication since your previous visit. Although extremely rare, waxing may cause adverse reactions including redness, pimples and soft tissue skin tear, etc. Your experienced aesthetician will perform this treatment using quality products and the industry's best practices but will not be held liable if they do occur. If you have any questions and or concerns, please let us know.

\_\_\_\_\_  
Aesthetician's signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Today's Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date