**DUVALL'S SCHOOL OF COSMETOLOGY**
**CLIENT ASSESSMENT FORM / WAXING**

Name_____Date_____

1. Are you currently using, or have used the following topical products on face and neck:_____ Yes___No___
   Applied any topical products containing AHAs (glycolic or lactic acid), BHAs (Salicylic acid), or lightening or bleaching gels? (wait at least 48 hours; a week is better) If Yes When_____
2. Have you had Microdermabrasion, laser resurfacing, light therapy, or injectable treatments at any other location? (wait 4 weeks or longer-treatment dependent) Yes___ No___
3. Are you taking acne drugs and/or using exfoliating topical products such as Retin-A or other vitamin A products? (wait at least 3 months or longer-drug Dependent) Yes___No___

   If Yes When_____
4. Exposure to continuous sun, or shaved, scrubbed, or experienced any recent Peeling or irritation in the last 48 hours? Yes___No___
5. Skin Treatments:_____Date_____
6. Medical conditions:_____
7. List medications you are currently taking:_____
8. Pregnant or lactating? Yes___No___
9. Seen or seeing a dermatologist? Yes___No___
10. Name of doctor:_____
11. Allergies to products or medications:_____
12. Any reactions to wax products or waxing itself?_____
13. History of fever blisters or cold sores? Yes___No___
14. Tanning regime or use of tanning booths?_____Frequency:_____
15. Client initials:_____

| **Client Signature/Date** | **Client Signature/Date** |
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