

Do you suffer from eczema or psoriasis?

[ ] Yes [ ] No

Are you presently taking any medication either orally or topically?

[ ] Yes [ ] No

If YES, please explain: \_\_\_\_\_

Do you use Retin-A, Retinol or Glycolic Acid in any skin treatment or do you receive any professional (dermatology) skin treatments? [ ] Yes [ ] No

Do you use micro-dermabrasion techniques as a form of exfoliation?

[ ] Yes [ ] No

Do you consider your skin to be sensitive?

[ ] Yes [ ] No

If YES, please explain: \_\_\_\_\_

Do you hydrate your skin regularly?

[ ] Yes [ ] No

Do you exfoliate your skin regularly?

[ ] Yes [ ] No

Do you detoxify your skin regularly?

[ ] Yes [ ] No

If YES, with which product(s): \_\_\_\_\_

Are you pregnant?

[ ] Yes [ ] No

If YES, for how long: \_\_\_\_\_

Are you experiencing any hormonal imbalance?

[ ] Yes [ ] No

If YES, please explain: \_\_\_\_\_

### Authorization

**Protecting Your Personal Information**, we recognize and respect every individual's right to privacy. The above information will be held in strictest confidence and is used to provide your **Alexandria Professional® Practitioner** with information needed to carry out the best possible treatment for you individually.

### PLEASE BE ADVISED THAT:

Every client is provided with a Client Information Brochure as well as professional advice from the **CERTIFIED ALEXANDRIA PROFESSIONAL® PRACTITIONER** carrying out the treatment. If these instructions are followed closely, clients should experience a safe and pleasurable treatment. **Alexandria Professional®** is not responsible for reactions caused by other products used by the client and for reactions caused as a result of the information above not being correct.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date