Client Name	Telephone	Age
Street Address	City	Zip Code

CLIENT RECORD CARD

ALEXANDRIA PROFESSIONAL®

All information contained herein is strictly confidential and for the use of the **Alexandria Professional® Practitioner** only. *(PLEASE PRINT)*

How did you come to know about **Alexandria Professional®**? *(Please check all that are appropriate)*

[ ] Magazine/Newspaper *Provide Name:* ____________ [ ] Radio/Television *Provide Name:* ____________
[ ] Friend/Relative *Provide Name:* ____________ [ ] Other *Provide Name:* ____________
[ ] Website *Provide Name:* ____________ [ ]

What method of hair removal are you presently using? ____________

Have you ever experienced the **Alexandria Professional®** Treatment before?
[ ] Yes [ ] No If YES, when was your last treatment? ____________

Do you suffer from any medical problems i.e. diabetes, high blood pressure? [ ] Yes [ ] No
Do you suffer from any lung disorders such as Asthma? [ ] Yes [ ] No
If YES, give details: ____________

Do you have any known allergies? [ ] Yes [ ] No
Are you allergic to latex? [ ] Yes [ ] No
Have you ever experienced a severe skin reaction, i.e. hives? [ ] Yes [ ] No
If YES, give details: ____________

Do you have any skin disorders? [ ] Yes [ ] No
If YES, give details: ____________