

Anamnesis form

The following information is treated confidentially and only for the application of the hair removal by means of sugar. This is a help for a professional treatment, when it is carefully filled in.

(Fill in the form with capital letters)

Name:

Date of birth:

Address:

Phone:

E-mail address:

1. Where did you heard about depilation with sugar?

2. What depilation methods have you used so far?

3. Do you have problems after applying a hair removal technique?
No
Yes
I have had the following problems:

4. Do you have allergies?
No
Yes, namely:

5. Have you ever observed an acute skin reaction, such as hives, etc.?
No
Yes, namely:

6. Are you currently being treated by a dermatologist?
No
Yes, I follow the following treatment:

7. Do you use medication?
No
Yes, I use:

8. Do you have an increased histamine secretion? Itching, redness, swelling, skin rash after an allergic reaction?

No
Yes

9. Are you diabetic patient?

No
Yes

10. Do you have:

Anemia	yes / no
HIV	yes / no
Hepatitis	yes / no

I hereby declare on the day of the hair removal by sugar:

No use of a sauna or a public swimming pool. Do not do heavy labor. Do not take a sunbath. No creams, shampoos, shower gel, make-up, deodorants and so on. Wear breathable clothing. Do not peel 76 hours after the treatment. Leave the products applied after the treatment on the skin.

Date:

Signature: