

Are you currently pregnant or trying to get pregnant? Yes No

List all medications you are currently taking:

I understand, have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. I am aware that it is my responsibility to inform Breeze Skincare and Electrolysis of my current medical or health conditions and to update this history as needed. The treatments I receive here are voluntary and I release Breeze Skincare and Electrolysis and/or the owner/employee from liability and assume full responsibility thereof. Client signature acknowledges any unusual medical or skin conditions having been described above. Client signature also shows consent to treat.

Date: _____

Signature: _____

Printed name: _____