Welcome to Claudia's Body & Skin Care Center (R)

Please print and answer all questions to help us in providing you with our best services.

	☐ YES	AUSE NO	OVER MENOPAUSE	YES	NO I	IN MENOPAUSE
	□ YES	ODS NO	REGULAR PERIODS	YES [NO [BIRTH CONTROL PILLS
				YES [NO	X-RAY TREATMENTS
COMMENTS				YES [NO	HODGKINS DISEASE
				YES [NO	HYSTERECTOMY
SENSITIVITY				YES [NO	HEMOPHILIAC
AFTER CARE MEDICATION				YES [NO	CARCINOMA
PATIENT REACTION				YES [0	RHEUMATIC FEVER
SKIN REACTION				YES [NO	HERPES SIMPLEX
LEGUNDERARMOTHER				YES [NO	HEART CONDITION
UPPER LIP CHIN EYEBROWS ARM				YES [NO	HEPATITUS
SHALLOW (S) NORMAL (N) DEEP (D) DISTORTED (X)				YES [NO	DIABETES
TYPE OF HAIR:				YES [NO D	ALLERGIES
SIGNATUREDATE			NATION,	07 EXPLAI	E YOU HAD	MEDICAL HISTORY: HAVE YOU HAD? EXPLANATION.
this record. I understand that repeated treatments are necessary.						Sec. 2
I acknowledge that all information contributed by me is accurate to the best of my						ILLNESS OR DEFECT
CONDITION OF SKIN						
CONDITION OF GROWIN					ORS CARE?_	ARE YOU UNDER DOCTORS CARE?
CHEX			PHONE			PHYSICIAN
WAX		Y	_ REFERRED BY			AGEBIRTH DATE
DEPILATORY	EXT		RK	WORK		PHONE: HOME
TWEEZERS		ZIP	F	STATE		CITY
RAZOR						ADDRESS
LONG AREA						
PREVIOUS TREATMENTS: NONE THERMOLYSIS GALVANIC RI FIND [7]						NAME .