

Muscle Matters and Body Care

3-276 Main St Steinbach MB R5G 1Y8

BODY SUGARING

All information contained herein is strictly confidential and for the use of the sugar technician only.

Please print and fill completely:

Name _____ Phone _____

Address _____

Cancellation Policy

24 hours notice of cancellation of any treatments at Muscle Matters and Body Care is required.

1st time will be a verbal warning

2nd time will incur a 10% charge of the appointment scheduled appointment.

3rd time will require full payment of missed about BEFORE rebooking of any other appointments.

Your initials here indicate you agree to the terms of this policy ____

What method of hair removal are you currently using? _____

Have you ever experienced body sugaring? _____

Do you have any known allergies including food? If yes, please list. (Food only applies to the Body Scrubs and Masks)

Are you presently taking any medication either orally or topically? _____

If yes, when was your last treatment? _____

Do you use Retin A, Retinal or Glycolic in any skin treatment? _____

If yes, when was your last treatment? _____

Are you presently taking any medications that contain Accutane? _____

Do you consider your skin to be sensitive? _____

Are you experiencing any hormonal imbalances such as pregnancy, menopause, birth control switch, new medications for hormone balancing? _____

If yes, please explain: _____

Do you suffer from any lung disorders such as asthma? _____

How did you hear about our business? _____

This information will provide the sugar technician with information needed to carry out the best possible individual treatment.

Please be advised:

Every client is provided with professional advice from the trained body sugar technician carrying out the treatment. If these instructions are followed closely, clients should experience a safe and pleasurable treatment. Muscle Matters and Body Care (including any Individual Contractors employed at Muscle Matters and Body Care) and any brand name product we use are not responsible for reactions caused by other products used by the client nor for reactions caused as a result of the information above not being correct.

Signature: _____

Date: _____