



Gervais Day Spa & Salon
111 North Central Avenue
Medford, Oregon 97501
(541) 779-7100
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www.gervaisdayspa.com

Skin Care and Waxing Questionnaire

Customer Name: _____

Date: _____

How would you describe your skin?

- Normal Dry Oily Sensitive

What is your primary concern with your skin?

- Fine lines and/or signs of aging Acne, Breakouts and/or congestion
Discoloration and dark spots Maintain healthy looking skin

Please indicate any concerns or requests regarding your service today:

Are you currently receiving treatment from a physician or chiropractor? If yes, please state reasons:

Please list any past medical conditions we may need to be aware of:

Have you had, or are you currently experiencing any allergies, skin sensitivities, or skin conditions? If yes, please explain:

Have you had any recent injuries (fractures, sprains, whiplash, etc.)? If yes, please explain:

Have you ever had surgery, laser, or chemical peel treatments? If yes, please list, date, and explain:

What products are you using?

Are you currently using any tanning facilities?

Have you, or are you currently taking any form of Retin A or Accutane?

Are you currently menstruating or pregnant?

I do hereby acknowledge that I have been truthful about my history, conditions, and any allergic reactions that I have experienced in the past. I understand that the technician performing my service will do so to the best of their capabilities. Therefore, the technician, the day spa/salon, and its proprietor will not be held accountable or liable for any injury or damage that may occur due to any and all action or reaction on my hair, skin, or clothing.

Customer Signature: _____

Date: _____