



CLIENT INFO/FOLLOW UP

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Sex: _____ Age (required for service): _____



Skin Level: I II III IV

Solution Used: _____

Uses nose filter: No Yes

Uses protective eyewear: No Yes

Uses lipbalm: No Yes

Uses sticky feet: No Yes

Uses undergarments: No Yes

Technician Notes: _____



Date

_____ Next Day Follow Up (feedback):

_____ Week Follow Up:

Overall Feedback: