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: