



Lawwa.Asia
YOUR PERSONAL BEAUTY THERAPIST

CUSTOMER HEALTH CONDITIONS FORM

Customer Details:

Name: Ms / Mrs / Datin

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Address:

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H/P No:

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Marital status: Married ☐ Single ☐ Others ☐

Occupation:

In case of emergency, please contact:

Lifestyle & Medical Information:

1) Plastic Surgery (Face): Yes ☐ No ☐

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2) Surgery (Body): Yes ☐ No ☐

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3) Pregnant: Yes ☐ No ☐

Pregnancy month:

4) Medications: Yes ☐ No ☐

Please specify:

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5) Skin allergy (rash, hives, skin cancer, or other): Yes ☐ No ☐

Please specify:

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6) Skin type (oily, dry, combination, normal or other):

Please specify:

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Dermalysis:

1) Service focus:

60 Reduce Oiliness ☐
60 Reduce Oiliness ☐

7.1 Reduce Wrinkles ☐
7.1 Reduce Wrinkles ☐

8.2 Regulate Pore ☐
8.2 Regulate Pore ☐

8.2 Regulate Pore ☐
8.2 Regulate Pore ☐

5. Clear blackhead & whitehead ☐

Remark:

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2) Last facial treatment:

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3) Skincare routine at home:

1. Reduce Oiliness ☐

2. Scrub ☐

3. Toner ☐

4. Serum ☐

4. Serum ☐

6. Sunblock ☐

7. Mask ☐

8. Others

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4) Product brand use:

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Body Conditions:

1) Last body massage or treatment:

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2) Allergic or sensitive to any oil (essential oil, nut oil, scents or other): Yes ☐ No ☐

Please specify:

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3) Joint condition (stiffness arthritis or other): Yes ☐ No ☐

Please specify:

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4) Bone condition (osteoporosis, fracture or other): Yes ☐ No ☐

Please specify:

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5) Circulatory condition (high blood pressure, varicose veins, blood clots or other): Yes ☐ No ☐

Please specify:

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6) Diabetes: Yes ☐ No ☐

It is in my interests to disclose any allergy or extraordinary health conditions in this form. The Company shall not under any circumstances be imputed with any knowledge of my conditions not disclosed in this form. I understand that while the procedures adopted by the Company are not expected to be life endangering, some individuals may experience some discomfort. I am able to withstand such discomfort and I am accepting the course at my own risk.

Customer Sign: