



CLIENT INFORMATION AND CONSENT FORM: WAXING

Name _____ Date of Consultation _____

Address _____

City _____ State _____ Zip _____

Home phone (____) _____ Cellular Phone () _____

E-mail _____ Date of birth _____

Known allergies _____ Medication _____

How did you find out about us? Referral / Internet / Other: _____

If referred by someone, please give his/her name: _____

Have you used any Alpha Hydroxy Acid (AHA) or glycolic products in the past week? Yes / No

Are you using Retin-a, Renova or Accutane (an oral form of Retin-a)? Yes / No

Are you using any blood/skin thinning products and/or drugs? Yes / No

Are you exposed to the sun daily or are you considering spending more time in the sun soon? Yes / No

Do you use tanning bed? Yes / No. If yes, last time: _____

Have you ever had any adverse reactions to waxing? _____ If yes, please explain: _____

What you ever been treated for cancer? If yes, when and what types of therapies were used? _____

Please list any other illness/condition you are currently being treated for by a medical professional: _____

Contraindications

- Broken skin
- Inflammation
- Suspicious growths

- Accutane (last six months)

- Active herpes

Caution urged

AHAs, Retin-A, Renova (discontinue use 48

hours prior to treatment)

- Diabetes

- Flat moles

- Phlebitis

- Fragile capillaries

Please circle all of the above that apply to you.

I understand that, following the waxing procedure, I should:

- Apply a sunblock with an SPF of at least 15

- Avoid use a loofah or other abrasive to the waxed area

- Avoid saunas, steam rooms, Jacuzzis or other heat sources

- Avoid application of Retin- A, Renova, or AHA products for 48 hours

Please note that waxing has certain side effects such as skin removal, redness, swelling, tenderness, etc.

I have read the above information and if I have any concerns, I will address these with my esthetician. I give permission to my esthetician to perform the waxing procedure we have discussed and will hold her and her staff harmless from any liability that may result from this treatment. I have given an accurate account of the questions asked above including all known allergies or prescription drugs or products I am currently ingesting or using topically. I understand my esthetician will take every precaution to minimize or eliminate negative reactions as much as possible. I have read and understand the post-treatment home care instructions. I am willing to follow recommendations made by my esthetician for a home care regimen that can minimize or eliminate possible negative reactions. In the event that I may have additional questions or concerns regarding my treatment or suggested home products/ post-treatment care, I will consult the esthetician immediately. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand the procedure and accept the risks. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

Client Name (printed) _____

Client Name (signature) _____ Date _____

Esthetician _____ Date _____