

Confidential Client Information and Consent ----- Waxing



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone to confirm appts: _____ (Cell/Home/Work) Alternate Phone: _____

Email address: _____ May we add you to our monthly email list? Yes No

Have you used any Alpha Hydroxy Acid (AHA) or glycolic products in the past 48-72 hours? Yes ___ No ___

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

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

Are you exposed to the sun on a daily basis or are you considering spending more time in the sun soon? Yes ___ No ___

Are you diabetic? Yes ___ No ___

Are you currently taking any medications? If so, please list all (including over the counter drugs/herbal supplements):

Have you recently done any chemical peels, microdermabrasion, laser, etc.?

(Female clients) Waxing during and right before your menstrual cycle is possible, but is not recommended because of comfort considerations. During your menstrual cycle, your body tends to be more sensitive due to the change of hormones, and this could cause the treatment to be more painful.

Please note that waxing does have 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 skin therapist. I give permission to my therapist to perform the waxing procedure we have discussed and will hold her and her staff/spa 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 using orally or topically. I understand my wax specialist 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 wax specialist for a homecare regimen that can minimize or eliminate possible negative reactions. In the event that I may have additional questions and/or concerns regarding my treatment or suggested home product/post treatment care, I will consult the wax specialist 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 wax specialist, 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: _____

Wax Specialist _____ Date: _____