

Confidential Waxing Consultation Card

Name _____ Technicians Name _____

Date and Time of Treatment _____

Client Analysis

Have you been waxed before? _____ What area? _____

Any problems? _____

Do you take or use any products that contain the following:

Isotretinoin _____ Tetracycline _____ Retinoic Acid _____ AHA Glycolic Acid _____ Hydroquinone _____

Have you recently had any type of chemical or glycolic peel? Yes _____ No _____

If glycolic, what percentage? _____ If chemical, please explain _____

Any recent surgery or dermabrasion? Yes _____ No _____

Any skin cancer or removal of skin cancer? Yes _____ No _____

Are you pregnant? Yes _____ No _____ Are you a hemophiliac? Yes _____ No _____

Are you on your menstrual cycle? Yes _____ No _____

Are you on any medications, including birth control? If yes, list: _____

How would you rate your sensitivity to pain? Low _____ Medium _____ High _____

Do you have any moles, warts, abrasions, skin irritations or skin inflammations in the areas to be waxed? Yes _____ No _____ If yes, please list: _____

Do you have any allergies? _____

Have you been exposed to any tanning method in the past 24 hours? Yes _____ No _____

Have you taken any blood thinners, aspirin or any anticoagulating medication within the past 24 hours? Yes _____ No _____

In an effort to make your waxing experience as comfortable as possible, please supply your wax technician with all the necessary details in regard to past waxing procedures or health information not requested on this form.

Release for Waxing Service

I understand that the waxing service I have requested involves the application of heated products that may cause an adverse reaction to my hair, skin or body on which the service is performed. I fully understand that this establishment and its agents may refuse to perform the treatment I have requested if I have answered "yes" to any of the above questions. I have read the before-and-after procedures sheet provided to me by my technician and understand that failure to follow these instructions could result in an adverse reaction that may cause injury or damage to my skin. I hereby release this establishment, its agents and suppliers from any and all damage or injury that may result from the treatment I requested. I further agree that I am over the age of 18 years old.

Client signature _____ Date _____