

Client Information and Consent—Waxing



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email address: _____

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

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

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

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

Do you use a tanning bed? No Yes

Are you diabetic? No Yes

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

What skin products do you regularly use on your skin?

Have 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

(Female clients) When is your next menstrual cycle due to begin? _____

(Always allow five days for menstrual cycle. Because of water retention and for your own personal comfort, you should avoid hair removal two days before your cycle is due and two days after it is completed.)

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