WAXING
Consent Form

Client Information:

Name: ______________________ Date of birth: ____________ ◯ Female ◯ Male ◯ Other

Address: ____

Phone: ______________________ Email: ______________________

Occupation: ____

Medical History:

Do you have or had any of these following conditions? If yes please check below.

- Aids/HIV
- Eczema/Psoriasis
- Cold sores/Fever Blisters
- Hepatitis
- Herpes
- Varicose Veins
- Cancer
- Diabetes
- Other skin irritation

Skin History:

Do you have any tendencies to

- Ingrown hair
- Brusing
- Scarring
- Hyperpigmentation
- Bumps

Have you used any Alpha Hydroxy Acid (AHA) or glycolic products in the past 72 hours?	Yes	No
Are you using Rein-a, Renova or Accutane?	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	Yes	No
Do you plan to spend more time in the sun soon?	Yes	No
Do you use a tanning bed?	Yes	No
Have you ever had a waxing treatment before?	Yes	No
Have you ever had a reaction to waxing?	Yes	No

What skin products do you regularly use on your skin? ______________________

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Turn Over -->

Waxing Consent Form

Any other conditions: ______________________________

Have you been treated for Cancer? ◯ Yes ◯ No: List therapies used. ______________

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List any medications you take regularly including vitamins, herbal supplements, aspirin:

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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.)

Are you currently pregnant? ◯ Yes ◯ No

What Service would you like to perform today:

Face:
- Brow
- Lip
- Chin
- Full Face
- Side Burns

Upper Body:
- Full Arms
- Half Arms
- Under Arms
- Back/Shoulder
- Abdomen
- Chest

Lower Body:
- Full Legs
- Half Legs

Other:
- Brazilian
- Bikini
- Full Body
- Other: __________

By signing below, you agree to the following:
I have completed this form truthfully and to the best of my knowledge. I agree to inform the technician of any changes in the above information. I agree to waive all liabilities toward my technician and the employer for any injury or damages incurred due to any misrepresentation.

______________	______________	______________
Client Signature	*Client Printed*	*Date*
______________	______________	______________
Esthetician Signature	*Esthetician Printed*	*Date*