

Waxing Intake Form



Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Email address: _____

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

Have you used Retin-a, Renova, Tazorac, Differin within 72 hours or Accutane within 1 year?

No Yes

Have you had a chemical peel or a microdermabrasion treatment in the last 7 days? **No Yes**

Are you pregnant? **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 next 24 hrs? **No Yes**

Do you use a tanning bed? **No Yes**

Are you diabetic? **No Yes**

Are you allergic to any ingredients found in skincare products?

For example: aloe, glycolic or salicylic acid?

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, and are you currently in treatment?

I am aware that all retinoids, chemical peels, microdermabrasion treatments and sun exposure may not be done at least a week after a waxing service. **No Yes**

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Please note that waxing does have certain side effects such as skin tearing, 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 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 product / 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, and Body Bliss Salon & Spa 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 _____