

# Confidential Client Intake Form for Waxing



## General Information

Name

Date of Birth

Address

City

State

Zip Code

Phone #

Email

Occupation

Emergency Contact Name

Phone #

Would you like to be added to our email list for specials and discounts?

Yes

No

How did you hear about us?

## Service(s) Being Performed

### Face & Brows

- Brows
- Lip
- Chin
- Full Face
- Side Burns

### Upper Body

- Full Arms
- Half Arms
- Underarms
- Back/Shoulder
- Abdomen
- Chest

### Lower Body

- Full Legs
- Half Legs

### Other

- Brazilian
- Bikini
- Full Body
- Other: \_\_\_\_\_

## Medical History

Please check all that apply:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Acne                | <input type="checkbox"/> Arthritis       | <input type="checkbox"/> Depression         |
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Eczema          | <input type="checkbox"/> Epilepsy           |
| <input type="checkbox"/> Fever Blisters      | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Hepatitis          |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> HIV             | <input type="checkbox"/> Hyper Pigmentation |
| <input type="checkbox"/> Hypo Pigmentation   | <input type="checkbox"/> Insomnia        | <input type="checkbox"/> Low Blood Pressure |
| <input type="checkbox"/> Lupus               | <input type="checkbox"/> Sinus Infection | <input type="checkbox"/> Surgery:           |
| <input type="checkbox"/> Pregnant            | <input type="checkbox"/> Psoriasis       | <input type="checkbox"/> Rashes             |
| <input type="checkbox"/> Seborrhea           | <input type="checkbox"/> Shingles        | <input type="checkbox"/> Skin Cancer        |
| <input type="checkbox"/> Hype/Hypo Thyroid   | <input type="checkbox"/> Warts           | <input type="checkbox"/> Other: _____       |

Have you ever been treated for cancer? Yes  No

If yes, when and what types of therapies were used?

Are you currently taking any medications? Yes  No

If yes, please list:

Do you have any allergies? Yes  No

If yes, please explain:

## Skin Care History

Please list any skin care products that you currently use:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| Have you used any AHA products in the last 72 hours?         | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are you using Retin-A, Renova, or Accutane?                  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are you using any other skin thinning products and/or drugs? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are you exposed to the sun on a daily basis?                 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Do you currently have a sunburn?                             | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Do you plan on spending more time in the sun soon?           | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Have you recently used a tanning bed?                        | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Have you recently had a chemical or glycolic peel?           | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Have you waxed before?                                       | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

If yes, when?

If yes, did you have any adverse reactions?    Yes     No

If yes, please explain:

Do you have any abrasions, moles, or skin irritations in the areas being waxed today?    Yes     No

If yes, please explain:

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

(For your own comfort, we recommend avoiding hair removal from two days before to two days after your cycle.)

### By signing below, I agree to the following:

I have completed this form to the best of my ability and knowledge. I agree to inform the technician of any changes in the above information. I agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform the technician of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly. I agree to waive all liability toward my technician and the salon for any injury or damages incurred due to any misrepresentation of my health.

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Shannon Browning AES, LMT

\_\_\_\_\_  
Esthetician Name Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Client Consent Form & Liability Waiver



I hereby consent to and authorize Shannon Browning AES, LMT to perform the following waxing procedure:

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I understand that waxing may have certain side effects which may include but are not limited to skin removal, redness, swelling, and tenderness. I have had the opportunity to ask questions regarding these side effects and other possible complications. I give permission to my esthetician to perform the waxing procedure we have discussed and I will hold them and the spa harmless from any liability that may result from this treatment.

I have read and understand the aftercare home care instructions. I understand how important it is to follow all instructions given to me for aftercare. In the event that I may have additional questions or concerns regarding my treatment and suggested aftercare, I will consult the esthetician immediately.

I have also, to the best of my knowledge, given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically.

I have read and fully understand this agreement and all information detailed above. I understand the procedure and accept the risks. I agree I will assume the risk and full responsibility for any and all injuries, losses, side effects, or damages that might occur to me while I am undergoing this procedure. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skincare procedure, which may be affected by the treatment performed today.

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Name Printed

---

Signature

---

Date

Shannon Browning AES, LMT

---

Esthetician Name

---

Signature

---

Date

## Waxing Aftercare Instructions



For the first 24 hours after a waxing service, avoid the following to prevent skin irritation:

- Touching or scratching the treated area
- Hot baths or showers (cool or lukewarm water only)
- Saunas, hot tubs, pools, or steam rooms
- Massage or friction in the treated area
- Tanning (sunbathing, sunbeds, or fake tans)
- Exfoliating the treated area • Wearing tight-fitting clothes
- Exercise or other activities which cause you to sweat
- Applying products to the treated area (including make-up, lotions, soaps, powders, perfumes, and self-tanning products)

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