



## Waxing Release Form

Client Information Sheet to be filled out PRIOR to each service

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Are you currently being treated with Chemotherapy?  Yes  No

2. Are you being treated for Diabetes?  Yes  No

3. Have you used any Glycolic or Alpha Hydroxy Acid products in the past 48 hours?  Yes  No

4. Have you used Retin A products?  Yes  No

5. Have you used Acutane (oral acne drug)?  Yes  No

6. Have you used Renova?  Yes  No

7. Are you exposed to the sun?  Yes  No

8. Do you work near a UV source?  Yes  No

9. Do you use a Tanning Bed?  Yes  No

10. Are you currently taking any Medications or being treated by a dermatologist or plastic surgeon for any conditions/surgeries?

Yes  No If so, please list: \_\_\_\_\_

11. Menstrual Cycle Due Date?

*\*Always allow 5 days for menstrual cycle. Two days before due and two days after finished because of water retention. For your own personal comfort, you should avoid hair removal during this time.*

Customer signature:

Date: