

Client Intake & Consent Form

WAXING

Full Name _____

Date _____

Date of Birth _____

Phone _____

- Do you have skin sensitivity or allergies?

Yes

No

if yes, please specify: _____

- Have you used any Alpha Hydroxy Acid (AHA) or glycolic products in the past 48-72 hours?

Yes

No

- Please list any and all prescription drugs you are currently taking (ingested or topical):

Please Check Any of the Following Conditions that Apply to You

☐

Eczema

☐

Psoriasis

☐

Hyperpigmentation

☐

Dry skin

☐

History of skin cancer

☐

Diabetes

☐

Other, please specify:

Please Initial to Acknowledge the Statements Below

☐

I give permission to the technician below to perform the waxing procedure we have discussed and will hold them and their 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 that my technician will take every precaution to minimize or eliminate negative reactions as much as possible. I have read and understand the post-treatment aftercare instructions.

☐

I am aware that waxing may have some side effects including, but not limited to, redness, scabbing, bruising, scarring, swelling, tenderness, hyperpigmentation, flaking and/or pimples.

☐

I am aware that discomfort may occur. If discomfort persists, I am to contact my technician and a medical professional at my own expense.

☐

I agree to follow the post-treatment instructions given and realize that the failure to follow these instructions may result in irritation, ingrown hairs, bacterial infections, rashes, itching, redness, and/or scarring.

☐

I affirm that I have read and fully understand the above statements and have answered the above questions truthfully.

*****I declare that I have read this intake form thoroughly and I understand every question asked. I believe I have no medical condition(s) that may affect the service. All of the given answer is correct and true and accurate. By signing this form, I am acknowledging that I understand the terms of this service as well the information listed above. This agreement will remain in effect for the duration of the service, and any proceeding waxing services in the future conducted with this technician. I am giving my consent by signing below.***

Client's Signature

Date