



WAX CONSENT FORM

Today's Date _____
Name _____ Birthday ____/____/____
Address _____ State ____ City _____ Zip _____
Phone _____ Email _____
How did you hear about us? _____
What body part are we waxing? _____

When did you last shave or trim? _____ Have you been waxed before? YES / NO When? _____

Do you have any tendencies towards:

Ingrown hair YES / NO Hyperpigmentation YES / NO Eczema YES / NO
Break outs YES / NO Bruising YES / NO Psoriasis YES / NO
Bumps YES / NO Scarring YES / NO

Are you currently using or taking:

Isotretinoin/Accutane YES / NO Resorcinol YES / NO Indoor Tanning YES / NO
Retin - A YES / NO Glycolic Acid YES / NO Self Tanners YES / NO
Alpha - Hydroxy Acid YES / NO Any Scrubs or Peels YES / NO

Medical Data:

Herpes Virus YES / NO Staph/MRSA YES / NO Allergies YES / NO

List: _____

Other information _____

Waxing may cause: Bruises, scabs, scarring, redness, hyperpigmentation, pimples or a flare up of any of the above mentioned conditions/ responses. Waxing of soft tissue may cause the skin to tear resulting in the need for stitches. (Most common occurrence is in Brazilian Bikini waxes, male and female). **Initial** _____

I understand that if I have Herpes or Staph/ MRSA, I may experience an outbreak after the waxing service. The professional has explained the best way to minimize or prevent an outbreak when waxing regularly. **Initial** _____

I understand I may carry Herpes and / or Staph / MRSA without any physical symptoms or a medical diagnosis. I also understand that the waxing service does not allow the opportunity to contract these conditions from my technician. **Initial** _____

I understand all of the above-mentioned reactions. I also understand if I change my skin care routine or medication I must inform the professional PRIOR to any service in the future. **Initial** _____

I understand that I must be showered and prepared for my service. **Initial** _____

I understand that if I cancel or miss my appointment within the 24 hour cancellation policy I will be charged \$25.00 or HALF of the service fee, whichever is greater. **Initial** _____

Print Name

Print Name

Date

Date

Signature

Technician Signature

