

Waxing Consent Form

Client Information:

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Emergency Contact (Name & Phone): _____

Medical History:

Please answer the following questions honestly for your safety.

- Do you currently have any skin conditions (eczema, psoriasis, etc.)? ☐ Yes ☐ No

If yes, please specify: _____

- Are you currently taking any medications (oral or topical)? ☐ Yes ☐ No

If yes, please specify: _____

- Are you pregnant or breastfeeding? ☐ Yes ☐ No

- Have you used Retin-A, Accutane, or other exfoliating products in the past 6 months? ☐ Yes ☐

No

If yes, please specify: _____

- Do you have any allergies to products or ingredients? ☐ Yes ☐ No

If yes, please specify: _____

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Service Agreement and Consent:

I understand that waxing may have certain side effects, including but not limited to skin redness, swelling, and skin sensitivity.

Client Initials: _____

I confirm that I have provided accurate medical information and understand that it is my responsibility to inform my esthetician of any changes in my health condition prior to my appointment.

Client Initials: _____

I understand that waxing may cause minor discomfort, and I accept the risks involved with this service. I agree to follow the post-waxing care instructions provided by the esthetician.

Client Initials: _____

Post-Care Instructions:

After waxing, it is advised to:

- Avoid exposure to the sun, tanning beds, and heat for 24 hours.
- Refrain from using any exfoliating products on the waxed area for 48 hours.
- Apply a gentle moisturizer to soothe the skin if needed.

Client Consent and Signature:

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By signing this form, I confirm that I have read and understood the information provided. I voluntarily agree to undergo the waxing service and release the esthetician from any liability related to this treatment.

Client Signature: _____ Date: _____

Esthetician Signature: _____ Date: _____