WAXING
DIGITAL FORM

CLIENT NAME:

WAXING
CLIENT INTAKE FORM

Name: _____

DOB: _____ Age: _____ ◯ Female ◯ Male ◯ NB

Phone: _____ Email: _____

Emergency Contact & Number _____

How did you hear about us? _____

Health & Medical History

Do you have any pre-existing medical conditions or chronic illnesses? Please describe. ◯ No ◯ Yes

_____

Are you currently taking any medications or supplements? ◯ No ◯ Yes

If yes, please describe _____

Have you had any recent surgeries or medical procedures? ◯ No ◯ Yes

If yes, please describe _____

Have you had any allergic reactions to medications or substances in the past? Please describe. ◯ No ◯ Yes

_____

Do you have any known skin allergies or sensitivities? ◯ No ◯ Yes

If yes, please describe _____

Waxing History

Have you had any previous waxing treatments or similar procedures? If yes, please provide details. ◯ No ◯ Yes

_____

What are your expectations or specific concerns for this waxing session?

_____

Do you have a history of conditions that might affect your waxing experience, such as skin sensitivities, allergies, or previous reactions to waxing? If yes, please describe. ◯ No ◯ Yes

_____

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SKIN HISTORY

Do you have any tendencies to:

☐ Ingrown hair ☐ Scarring ☐ Bumps ☐ Bruising ☐ Hyperpigmentation

Have you used any Alpha Hydroxy Acid (AHA) or glycolic products in the past 72 hours? ☐ No ☐ Yes

Are you using Retin-a, Renova or Accutane? ☐ No ☐ Yes

Are you using any other skin thinning products and/or drugs? ☐ No ☐ Yes

Are you exposed to the sun on a daily basis? ☐ No ☐ Yes

Do you plan to spend more time in the sun soon? ☐ No ☐ Yes

Do you use a tanning bed? ☐ No ☐ Yes

Have you ever had a waxing treatment before? ☐ No ☐ Yes

Have you ever had a reaction to waxing? ☐ No ☐ Yes

What skin products do you regularly use on your skin? _____

WHAT SERVICE WOULD YOU LIKE TO RECEIVE?

Face:

- ☐ Brow
- ☐ Lip
- ☐ Chin
- ☐ Full face
- ☐ Side bums

Upper body:

- ☐ Full arms
- ☐ Half arms
- ☐ Under arms
- ☐ Back/shoulder
- ☐ Abdomen
- ☐ Chest

Lower body:

- ☐ Full legs
- ☐ Half legs

Other:

- ☐ Brazilian
- ☐ Bikini
- ☐ Full body
- ☐ Other: _____

By signing below, you agree to the following:

I have completed this form truthfully and to the best of my knowledge. I agree to inform the technician of any changes in the above information. I agree to waive all liabilities for the technician and their associates for any injury or damages incurred due to any misrepresentation or omission of my health history.

_____ FULL NAME

_____ SIGNATURE

_____ DATE

WAXING
CONSENT FORMS

I hereby consent to and authorize Andrea Williams, LE/Skin Invy Esthetics &Massage Salon, LLC to perform the following procedure: Waxing services

Please initial each statement:

_____ **Skin Condition Disclosure:** I confirm that I do not have any open skin lesions or active herpes outbreaks (cold sores or genital).

_____ **Awareness of Side Effects:** I acknowledge the potential side effects of waxing, which may include, but are not limited to: allergic reactions, irritation, redness, burning, swelling, soreness, bruising, or bumps.

_____ **Medication and Product Use:** I understand that certain medications and over-the-counter products can increase the risk of injury when combined with waxing services. I am not currently using any medications or products that may cause such reactions. If this changes, I will inform my esthetician promptly.

_____ **Skin-Thinning Products and Treatments:** I confirm that I have been off Accutane for at least 12 months and am not using Retin-A, alpha hydroxy products, or undergoing any skin-thinning treatments.

_____ **Pre-Treatment Precautions:** I have not used scrubs, at-home microdermabrasion, glycolic peels, other peels, exfoliated, or tanned within the last 72 hours.

_____ **Post-Care Agreement:** I agree to follow all recommended post-care instructions, including avoiding peels, tanning, swimming, spas, hot tubs, or wet room services for 72 hours after waxing. I will adhere to all home skincare protocols as recommended by my service provider.

_____ **Brazilian/Bikini Waxing Notice:** For Brazilian or bikini waxing, I will inform my service provider if I am on my menstrual cycle.

_____ **Age Confirmation:** I confirm that I am over 18 years of age or have parental consent, which is co-signed below.

_____ **Hygiene Acknowledgment:** I understand that my esthetician has the right to refuse waxing services if proper hygiene standards are not followed.

By signing below, I confirm that I have read and understand the information provided above. I agree to receive the listed treatment(s) or series of treatments and commit to adhering to all the statements I have initialed. I fully understand the associated risks and potential side effects of the treatment. I voluntarily assume these risks and release the service provider and esthetician from any liability.

_____ _____

FULL NAME SIGNATURE

_____

DATE

WAXING
AFTERCARE ADVICE

No hot showers or baths.

No saunas or massages.

No tanning/sunbathing.

No sports/gym workout.

No swimming in chlorinated water.

Avoid sprays, powders, deodorants & lotions.

Avoid touching the areas with unwashed hands.

Wear clean loose fitting clothes.

WAXING

PHOTOGRAPH AND VIDEO RELEASE FORM

CLIENT INFORMATION

Name: _____

Phone: _____

We kindly request your permission to use these photos for advertising purposes, such as portfolios, online and print ads, and similar materials.
Your consent is essential for us to proceed.
Please review the options below and indicate your preference by circling the appropriate response and providing your signature.
Additionally, we love tagging our clients in photos shared on our Instagram profile!
If you'd like to allow or decline this, please let us know by selecting the corresponding option below.
Thank you!

☐ Yes, feel free to use them

☐ Yes please tag me on Instagram

☐ No, please do not use them

☐ No, please do not tag me

_____ _____

Client Signature Date

WAXING
CANCELLATION POLICY

Our goal is to provide quality care in a timely manner. To ensure this, we have implemented an appointment and cancellation policy.

Appointments are in high demand, and canceling early allows another client the opportunity to access timely care. This policy helps us optimize the use of available appointments for all our clients.

When booking your appointment, you will be required to pay a $25.00 deposit, which will be applied toward the cost of your treatment(s).

Time is specifically reserved for your appointment, procedure, or treatment. If you need to cancel or reschedule, you must notify us at least 24 hours before your appointment to retain your deposit or have it applied to a future booking. If less than 24 hours' notice is provided, the deposit will be forfeited.

If you arrive more than 15 minutes late for your appointment, it will be considered a no-show, and your deposit will be forfeited.

We are happy to answer any questions regarding this cancellation policy.

I have read and fully understand the above Appointment Cancellation Policy and agree to be bound by it's terms. I agree to pay the cancellation fee in the event of a missed appointment.

FULL NAME

SIGNATURE