

 Waxing Consent Form

    **405 Gretna Blvd. Suite #205 Gretna, LA. 70053
                         (504)-606-4002

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_/\_\_\_/\_\_\_**

 **Phone: (    )-\_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_\_\_      Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
I understand that topical creams, medical conditions and medications can affect the results of waxing. I understand that I cannot be waxed if I have certain contraindications such as taking topical acne drugs or topical prescription products.

I understand that I am accepting full responsibility for skin reactions if I do not inform my Esthetician of contraindications prior to waxing.

Certain medications, products and treatments used prior to waxing may result in irritation, skin peeling, blotchiness, pigmentation and sensitivity.

I also understand that some redness, swelling or sensitivity may result during waxing and last for a few hours. I agree to avoid sun exposure, excessive heat (saunas/hot tubs/hot baths/showers), swimming pools/beach water, sexual intercourse, working out for the next 24 to 48 hours or as instructed by your Esthetician to avoid irritation to skin (irritation bumps).

Questionnaire: **(PLEASE CHECK YES OR NO**)

Have you taken ACCUTANE in the past year? \_\_Yes \_\_No

Are you currently using RETIN-A, RENOVA, TAZAROTENE or DIFFERN, etc.? \_\_Yes \_\_No

Are you currently taking any medication that makes you PHOTOSENSITIVE?

 \_\_Yes \_\_No

Do you frequently use TANNING BEDS? \_\_Yes \_\_No

Are you currently SUNBURNED? \_\_Yes \_\_No

Are you a DIABETIC? \_\_Yes \_\_No

Do you currently have any of the following? **(PLEASE CHECK IF ANY APPLIES)**

 \_\_ **AIDS/HIV**

 **\_\_Eczema/Psoriasis**

 **\_\_Cold Sores/Fever Blisters**

 **\_\_Hepatitis**

 **\_\_Herpes**

 **\_\_Varicose Veins**

 **\_\_Cancer**

**If you are currently using the following Medications YOU CANNOT BE WAXED TODAY!!!**

Accutane, Adapaine, Alustra, Avage, Avita, Differn, Isotretinoin, Renova, Retin-A, Tazarotene or Tretinoin. Also, it WILL NOT be suitable for Diabetics to be waxed. A person who has been diagnosed with Diabetes skin is extremely sensitive and easily prone for injury/skin lifting & infection. It takes much more needed time for a person with this condition with open skin to heal and can cause exposure to gain an infection. Unfortunately, I would be unable to perform waxing services with anyone whom may have this condition. If you have had Laser Skin Resurface within the last year, waxing services MAY NOT be performed on you asl well.

**Beware, you may experience Skin Sensitivity/ Thinning which can result in skin lifting from the following:**

Sun Burn

Pregnancy

Retinol

Antibotics

Certain Medical Conditions and Medications that may not be listed!

The hair removal process has been explained and I have had the opportunity to ask questions and receive satisfactory answers. I have read and understand all information provided. I consent to be waxed and will not hold the Esthetician Nicole “Niki” Smith or Niki’s Canvas LLC. responsible for any other adverse reactions from waxing or skincare treatments or products. I fully accept responsibility that I have answered honestly to the above terms and conditions and I am fully capable to continue through with my wax appointment on today.

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**