



Waxing Questionnaire & Consent Form

Patient Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: Home: _____ Cell: _____ E-mail: _____

What body area/areas or conditions would you like treated? _____

When did you last shave? _____ When is your menstrual cycle's start date? _____

*Due to water retention and your personal comfort, avoid hair removal two days before your cycle starts and two days after.

Table with 4 columns: Question, Yes, No, and Answer/Yes/No. Rows include: Do you have or are you prone to? (Ingrown hairs, Scarring, Bumps, Hyperpigmentation, Bruising, Allergies), Have you used any of the following in the last 48-72 hours? (Accutane, Retin-A, Alpha-hydroxy Acid, Glycolic Acid, Resorcinol, Scrub or Peel), Have you used other skin Thinning medications? If so, which?, Are you diabetic?, Have you ever been treated for cancer?, Do you use a tanning bed?, and Any other illness/condition you are presently being treated for by a medical professional?

I have read the above information and if I had any concerns, I have addressed them with my esthetician. I gave permission to my esthetician to perform the waxing procedure we have discussed and will hold her and Pure Radiance Day Spa 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 drug or products I am currently ingesting or using topically. I understand my esthetician will take every precaution to minimize or eliminate negative reactions.

Post Treatment Care: It is important to care for the waxed area properly after treatment to prevent ingrown hairs, breakouts, or other reactions. The following steps will give you best results: use a pumice stone or exfoliating gloves with a bath gel on the recently waxed skin to help keep skin clear and less prone to blemishes, avoid using bar soap (as it leaves film on body which could lead to ingrown hairs), for breakout zones use a gentler exfoliant and anti-bacterial lotion, avoid direct sunlight and tanning booths, do not use products with harsh chemical, perfumes, or dyes.

I understand the post-treatment care instructions. I am willing to follow the recommendations made by my esthetician for a home care regimen that can minimize or eliminate negative reactions. In the event that I may have additional questions or concerns regarding my treatment or suggestions post treatment care, I will consult my esthetician immediately.

Signature of Client

Date

Signature of Med Spa Staff

Date