

WAXING QUESTIONNAIRE

CLIENT INFORMATION FORM

APPOINTMENT DATE

APPOINTMENT TIME

FULL NAME

ADDRESS

CITY

STATE / PROVINCE

ZIP / POSTAL CODE

PHONE

EMAIL ADDRESS

DRIVERS LICENSE NUMBER

STATE

EXPIRATION DATE



EMAIL

Occasionally I may send out emails about upcoming discounts, promotions, contests, company information etc. If you would like to be added to the subscriber list please check "Yes" below. If you would like to opt out please check "No".

YES! Sign me up!

No, thank you.

I will use your e-mail address solely to provide information about the company. Your information will not be sold.

WHAT BODY PART(S) ARE WE WAXING TODAY?

FACE WAXING

- Brow
- Lip
- Chin
- Side
- Forehead
- Full Face

BODY WAXING

- Full Arms
- Half Arms
- Underarms
- Back / Shoulders
- Chest
- Full Legs
- Half Legs

TWEEZING

- Brow Trim
- Brow Tweeze
- Brow Tweeze & Lip Wax
- Brow Tweeze, Lip and Chin Wax

Is this your first time being waxed? Yes No

When did you last shave? _____

How often do you shave? _____

Do you have a special event coming up soon? Yes No





CLIENT INFORMATION Continued

ADDITIONAL SERVICES
Lash Tinting
Brow Tinting
Medium Brown
Dark Brown
Black
Auburn
Charcoal

Please select any of the following medical or skin conditions that may apply to you:
Diabetic
Sensitive Skin and/or Prone to Skin Inflammation
Allergies. Please describe
Varicose Veins
Hairy Moles
Bruise Easily
Other:

Are you currently using or have you used any of the following products? Please state the last date used.
Self Tanner
Vitamin A Creams
Facial Exfoliants
Skin Lightening Products
Retinol or Retin-A
Acne Medications
Anti-aging Creams
Acutane

Please select any of the following that may apply to you:
Currently experiencing sunburn and/or heat rash
Tanned less than 48 hours ago

Client Name (please print)

Client Signature

Day/Month/Year

Skincare Professional

FOR PROFESSIONAL USE Personal Client Information

Method Used
Hot Wax
Cold Wax
Tweezing

TREATMENT DETAILS & FOLLOW UP:
[Blank lines for notes]

PRICING
Base Price:
+ ADD ONS
TOTAL:

WAXING APPOINTMENT TRACKER



FILE

CLIENT FULL NAME

File Categorically by
First Letter Of
Clients Last Name

FILE

APPOINTMENT DATE

APPOINTMENT TIME

MEDICAL / SKIN UPDATES

WAXING

FACE WAXING

- Brow
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BODY WAXING

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TWEEZING

- Brow Trim
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Method Used Hot Wax Cold Wax Tweezing

- Lash Tinting
- Brow Tinting
- Medium Brown
- Dark Brown
- Black
- Auburn
- Charcoal

PRICING

Base Price: _____

+ ADD ONS

TOTAL: _____

APPOINTMENT DATE

APPOINTMENT TIME

MEDICAL / SKIN UPDATES

WAXING

FACE WAXING

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PRICING

Base Price: _____

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TOTAL: _____

WAXING APPOINTMENT TRACKER Continued



CLIENT FULL NAME

APPOINTMENT DATE	APPOINTMENT TIME	MEDICAL / SKIN UPDATES
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PRICING

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TOTAL: _____

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