

SpaSunsations' Confidential Intake Form



Name _____

Phone (____) _____ DOB _____

Address _____

City _____ State ____ Zip _____

Occupation _____

Email _____

Emergency Contact _____ Phone (____) _____

How did you hear about my practice?

Please take a moment to carefully read the following information. If you have a specific medical condition or specific symptoms, facials, massage/bodywork, waxing may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

Have you experienced a professional waxing?

Y/N How often? _____

What are your goals? _____

Please indicate all you experience and list medications. Please explain if necessary.

Y/N Allergies	Y/N Contagious diseases
Y/N Cancer	Y/N Diabetes
Y/N Headaches/Migraines	Y/N Stress
Y/N Arthritis	Y/N Cardiac/circulatory problems
Y/N High or low blood pressure	Y/N Broken bones in the past two years
Y/N Epilepsy or seizures	Y/N Surgeries in the past two years
Y/N Varicose veins	Y/N Do you bruise easily
Y/N Joint pain or swelling	Y/N Pregnant or Nursing

Other _____

Waxing Consent:

Have you used Retin-A, Accutane, Alpha Hydroxy Acid (AHA), glycolic products? Y/N

If yes, date last used _____

Are you using any other skin thinning products and/or drugs that thin the blood? _____

Are you exposed to the sun/tanning beds or are you considering spending more time in the sun soon? _____

Please note that waxing can have certain side effects such as skin removal, redness, swelling, tenderness.

I have read the above information and have given an accurate account of questions and if I have any concerns, I will address these the Esthetician. I give permission to the Esthetician to perform the waxing procedure we have discussed and will hold her harmless from any liability that may result from this treatment. I understand that my Esthetician will take every precaution to minimize or eliminate negative reactions as much as possible.

By signing this release and consent form, I affirm that I have honestly disclosed all information pertinent to being treated by Spa Sensations and their employees and will inform of any updated information as things may change.

Name _____ Date _____

Signature _____

