

## New Client Information and Consent—Waxing

Name:

Phone number:

Email address:

Are you using any skin thinning products and/or drugs?

No

Yes

Are you exposed to the sun on a daily basis or do you spend a lot of time in the sun?

No

Yes

Do you use a tanning bed?

No

Yes

Are you diabetic?

No

Yes

What skin products do you regularly use on your skin?

Please list any other skin related illness/condition you are currently being treated for by a medical professional:

**Please note that waxing does have certain side effects such as skin removal, redness, swelling, tenderness, etc.** I have read the above information and if I have any concerns, I will address these with my cosmetologist. I give permission to my cosmetologist to perform the waxing procedure we have discussed and will hold her, her staff and salon harmless from any liability that may result from treatments. I have given an accurate account of the questions asked above including all known allergies or prescription drugs or products I am currently ingest or using topically. I understand my cosmetologist will take every precaution to minimize or eliminate negative reactions as much as possible. I am willing to follow recommendations made by my cosmetologist for a home care regimen that can minimize or eliminate possible negative reactions. In the event that I may have additional questions or concerns regarding my treatment or suggested home product / post-treatment care, I will consult the cosmetologist immediately. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand the procedure and accept the risks. I do not hold the cosmetologist or salon, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

Client Name:

Client Signature:

Date: