## Waxing Treatment Preparation & Consent Form

Name	Date of Birth		
Address	City	State	_Zip
Home Phone	_Mobile Phone	_Email	
How did you hear about us?	What area are	we waxing today?	
<b>Pre Treatment Care:</b> Please read prep to determine if you are a candidate for waxing by answering NO to any of the below contraindications you currently are using or under medical care for.			
Accutane □ Yes □ No	Retin-A□ Yes □ No	Alpha-hydroxy Acid □	Yes □ No
Glycolic Acid Peel $\square$ Yes $\square$ No	Resorcinol □ Yes □ No	Are you diabetic? ☐ Ye	s 🗆 No
Cancer Therapy? ☐ Yes ☐ No	Skin Allergies □ Yes □ No	Hyperpigmentation $\square$	Yes □ No
Have you used or currently using other skin thinning medications? If so, which?			
Note: Hair must be ½ to ½ " *New use of any of the medicati before discontinuing any medica taking any new medications sinc *Please note waxing does have c swelling, tenderness, hyperpign *Waxing of soft tissue may caus wax.	ons listed above increases the postion or for contraindications. Pleate your last session.  ertain side effects such as skin rementation, and/or pimples.  the the skin to tear. The most compared to the skin to tear.	essibility of a reaction, checase inform the esthetician moval, redness, scabbing, amon occurrence of this is	if you have begun bruising, scarring, in a Brazilian bikini
	tart date?Becau days before your cycle starts and		for your personal
ingrown hairs, breakouts, or othe- Use a gentle exfoliator on recent your Esthetician before useAvoid swimming and heavy exe- For breakout zones, defined as Esthetician for proper post-care	rcise to keep skin clear of ingrow the face, back, and chest, use an a products. I tanning directly after waxing, es	will give you the best resu kin clear and less prone to an hairs and blemishes. anti-bacterial cleanser and	lts: blemishes. Check with lotion. Check with your
permission to my therapist to pe Therapy harmless from any liabi questions asked above including	on and if I had any concerns, I have rform the waxing procedure we hality that may result from this treat all known allergies or prescription esthetician will take every precau	nave discussed and will ho ement. I have given an acc n drugs or products I am	ld he/she and Spa curate account of the currently ingesting or
home care regimen that can min	eatment. I am willing to follow th imize or eliminate possible negati sult with my esthetician immedia	ve reactions. In the event	
Client Name (Print & Sign):			Date:
Esthetician (Print Name):			Date: