

# Waxing Intake & Consent Form

- - Confidential Information - -



Today's Date \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

What are we waxing today? \_\_\_\_\_

When did you last shave? \_\_\_\_\_

When is your menstrual cycle's start date? \_\_\_\_\_

*Because of water retention and for your personal comfort, avoid hair removal two days before your cycle start and two days after*

Do you have, or are you prone to: (Please circle)

Ingrown Hairs            Yes    No

Scarring                Yes    No

Bumps                  Yes    No

Hyperpigmentation    Yes    No

Bruising                Yes    No

Allergies                Yes    No

If yes, what?

\_\_\_\_\_

Are you Diabetic?    Yes    No

Have you ever been treated for cancer?    Yes    No

Have you used any of the following in the last 72 hours? (Please circle)

Accutane                Yes    No

Retin-A                 Yes    No

Alphahydroxy Acid    Yes    No

Glycolic Acid            Yes    No

Resorcinol              Yes    No

Scrub or Peel            Yes    No

Have you used other skin thinning medications? If so, what? \_\_\_\_\_

Do you use a tanning bed?    Yes    No

**New use of any of the medications listed above increases the possibility of a reaction. Please inform the esthetician if you have begun taking any new medications since your last session.**

**Please note waxing does have certain side effects such as skin removal, redness, scabbing, bruising, scarring, swelling, tenderness, hyperpigmentation, and/or pimples.**

**Waxing of soft tissue may cause the skin to tear resulting in the need for stitches. The most common occurrence of this is in a Brazilian bikini wax.**

I've read the above information and if I have any concerns, I have addressed them with my esthetician. The above is accurate including all known allergies or prescription drugs or products I am currently ingesting or using topically. I understand my esthetician will take every precaution to minimize or eliminate negative reactions.

I have read and understand the post-treatment home care instructions. I will follow the recommendations made by my esthetician 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 my esthetician immediately.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_