



# Client Consultation & Consent Form

Full Name

Date

Street Address

Phone #

Postal Address

Date of Birth

Email

Are you taking Retin A, Accutane, Glycolic Acid, A.H.A. Skin Care or any other similar products that effects the skin?  Yes  No

Have you recently had any type of chemical or glycolic peel?  Yes  No

If glycolic, what percentage? If chemical, please explain: \_\_\_\_\_

Do you have any allergies?  Yes  No

Do you have diabetes?  Yes  No

Have you had surgery in the past 3 months or dermabrasion?  Yes  No

Are you taking any antibiotics or medication?  Yes  No

If so, please list all (including over the counter drugs/herbal supplements): \_\_\_\_\_

Are you using any skin thinning products and/or drugs?  Yes  No

On a scale from 1-10 (1 being low and 10 being high) how would you rate your sensitivity to pain? \_\_\_\_\_

Do you have any moles, warts, abrasions, skin irritations or skin inflammation in the areas to be waxed?  Yes  No

Have you been exposed to any tanning method in the past 24 hours?  Yes  No

Are you exposed to the sun on a daily basis or are you considering spending more time in the sun soon?  Yes  No

Please describe your current skin condition: \_\_\_\_\_

Have you had a waxing treatment before?  Yes  No

If so, when and with what products and how was your experience? \_\_\_\_\_

Female Clients: When is your next menstrual cycle due to begin? \_\_\_\_\_

(Always allow five days for menstrual cycle. Because of water retention and for your own personal comfort, you should avoid hair removal two days before your cycle is due and two days after it is completed.)

In an effort to make your waxing experience as comfortable as possible, please supply your wax technician with all the necessary details in regard to past waxing procedures or health information not requested on this form.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

## After Care and Recommendations

(Please check each point to ensure you understand these recommendations)

- Apply a sunblock with an SPF of at least 15
- Avoid use of a loofah or other abrasives to the waxed area (within 24 hours)
- Avoid sauna, steam room, whirlpool bath or other heat source (for 24 hours)
- Avoid application of Retin-A, AHA product or other exfoliant product for 48 hours before and after waxing
- Avoid all irritating chemicals such as chlorine pools, perfumes, fabric softeners, deodorants (for 24 hours)

## Contraindications/Cautionary Conditions

The following is a list of contraindications to waxing services which will make this waxing appointment inadvisable or may result in certain body areas not being waxed. Your esthetician will review these with you prior to your treatment.

Please check if you have any of the following. Please give details where necessary.

- Broken Skin, Open Cuts, Pustules or Papules \_\_\_\_\_
  - Inflammation \_\_\_\_\_
  - Bruises \_\_\_\_\_
  - Sunburn \_\_\_\_\_
  - Rosacea/Very Sensitive Skin \_\_\_\_\_
  - Recent chemical peeling \_\_\_\_\_
  - Recent Botox/Collagen Injections \_\_\_\_\_
  - Cosmetic/Reconstructive Surgery \_\_\_\_\_
  - Suspicious Growths/Moles \_\_\_\_\_
  - Phlebitis/Swelling – Lower Legs \_\_\_\_\_
  - Fragile Capillaries/Varicose Veins \_\_\_\_\_
  - Flat Moles \_\_\_\_\_
  - Blood Thinning Medications \_\_\_\_\_
- Please describe your current skin condition: \_\_\_\_\_

\*I have read the above information and if I have any concerns, I have addressed them with my esthetician. I give permission to my esthetician to perform the waxing treatment we have discussed and will hold her harmless from any liability that may result from this treatment.

\*I have given an accurate account of the questions asked above including all known allergies or prescription drugs or products I am currently taking by mouth or using topically. I understand my esthetician will take every precaution to minimize or eliminate negative reactions. I have read and understood the post-treatment home care instructions. I am willing to follow recommendations made by my esthetician for a home care regimen that can minimize or eliminate possible negative reactions. If I may have any additional questions or concerns regarding my treatment or suggested home products/post-treatment care, I will consult my esthetician immediately. I acknowledge my esthetician fully disclosed post-treatment care such as NO swimming pools, saunas, jacuzzis, exercising, or sexual intercourse for a full 24 hours after treatment.

\*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 paragraph 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 esthetician 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.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_