

WAX IN-TAKE FORM

How did you hear about us?	
Name:	Phone (c):
Address:	Phone (other):
Email:	Birthday: / /

Circle Yes or No		
Yes	No	Have you used any Alpha Hydroxy Acid (AHA) or glycolic products in the past 48--72 hours?
Yes	No	Are you using Retin--a, Renova or Accutane (an oral form of Retin--a)?
Yes	No	Are you using any other skin thinning products and/or drugs?
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	Do you use a tanning bed?
Yes	No	Are you diabetic?
Yes	No	Are you currently taking any medication?
Yes	No	FOR FEMALE CLIENTS ONLY: Are you currently on your menstrual cycle?

Please note that waxing can 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 skin therapist. I give permission to my therapist to perform the waxing procedure we have discussed and will hold her and her staff 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 ingesting or using topically. I understand my esthetician will take every precaution to minimize or eliminate negative reactions as much as possible.

- I understand that I must have stopped *Topical* prescription medications, retinols and AHAs 5--7 days prior to waxing.
- I understand that I must have discontinued Accutane more than 6 months prior to today's date.
- For face wax, I understand that I cannot have received a facial, microdermabrasion, or chemical peel within 7 days of waxing.

I meet these requirements I do not meet these requirements and must reschedule

Client Signature: _____ Date: _____

Parent Signature (for minor children): _____

Consent for Follow up Appointments:

The above information and health history is accurate and I still meet the requirements for receiving waxing/hair removal treatments.

Date	Signature	Date	Signature