

**Waxing Consultation Form**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, Sate & Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referred By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Following question will insure you have the best waxing service possible with the best results. Please initial or check yes/no to all the following questions.

\_\_\_\_I have not used a Retin-A, Retinol OTC, Renova, any form of Alpha Hydroxy Acid (AHA), mico-dermabrasion, glycolic peel or other peels in the last 72 hours.

\_\_\_\_I have been off Accutane for at least twelve months

Yes/No: Do you use tanning beds or are you exposed to the sun on a regular basis?

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

Yes/No: Are you diabetic?

Yes/No: Do you smoke?

Yes/No: Any known allergies?­­ If so please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes/No: Have you ever been waxed prior to today? Did you have any reactions Yes/No? If so, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes/No: Are you currently taking any medications? If so, please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medical conditions you are currently being treated for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes/No: Do you have any open lesions?

 Yes/No: Do you have an active herpes outbreak, cold sore or genital?

 \_\_\_\_I agree to inform my service provider if I am on my menstrual cycle

\_\_\_\_ I agree to adhere to all safety post care including: no peels, tanning, swimming or hot tubs for 24 hours after waxing and all home skin care protocols as recommended.

\_\_\_\_ I am aware that there are often inherent risks associated with waxing and I may have unfavorable results such as, but not limited to, allergic reactions, irritation, burning, redness, scarring, soreness etc. by signing below I further agree that I will not hold my provider or establishment responsible should any of the above occur. I further understand that it’s my responsibility to inform my provider if any of the above changes.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_