

*Le Chateaux Rejuve*  
**Waxing Consent Form**

**Name :**

**Date:**

**Address:**

**Phone Number:**

**Email address:**

**Please circle**

Are you using RETIN-A, DIFFERIN, OR RENOVA (ie anti-aging products)? YES NO

Are you taking any medications that make you photosensitive? YES NO

Have you taken ACCUTANE with the past year? YES NO

Do you frequent tanning beds? YES NO

Are you currently sunburnt? YES NO

Are you diabetic? YES NO

**Please circle**

Do you currently have or have you had any of the following medical conditions that could compromise your skin and/or services being offered:

AIDS/HIV ECZEMA/PSORIASIS COLD SORES/FEVER BLISTERS VARICOSE VEINS CANCER  
HEPATITIS HERPES

**Caution:**

If you are using any of the following medications, you cannot be waxed today:

- ACCUTANE - ADAPALENE - ISOTRETINOIN - RETIN-A - RENOVA - ALUSTRA - AVITA -  
TAZAROTENE- TRETINOIN - AVAGE - DIFFERIN

You may experience skin sensitivity/thinning, which can result in skin lifting, from the following:  
SUNBURNED SKIN, RETINOL, CERTAIN MEDICAL CONDITIONS, PREGNANCY, ANTIBIOTICS,  
OTHER MEDICATIONS NOT LISTED, MENSTRUATION, RECENT LASER SKIN TREATMENT,  
ROSACEA OR VERY SENSITIVE SKIN, USING HYDROQUINONE, RECENT SURGICAL PEEL,  
MICRODERMABRASION OR CHEMICAL PEEL USING GLYCOLIC, ALPHA HYDROXY, SALICYLIC  
ACID, OR OTHER ACID-BASED PRODUCTS, DRY SKIN, TAKING PREDNISONE OR STEROIDS.

**CONSENT AND SIGNATURE:**

I UNDERSTAND THAT IF I BEGIN USE, OR ARE CURRENTLY USING, ANY OF THE  
PRODUCTS LISTED IN THE ABOVE WARNING AND DO NOT INFORM THE ESTHETICIAN  
PRIOR TO CURRENT OR FUTURE TREATMENTS, I ACCEPT FULL RESPONSIBILITY FOR ANY  
ADVERSE REACTIONS. I UNDERSTAND THAT WAXING MAY CAUSE SOME REDNESS,  
BUMPS, SORENESS, AND/OR ITCHING.

CLIENT SIGNATURE: \_\_\_\_\_