

WAXING CONSENT FORM

NAME (PRINT): _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 HOME PHONE: _____ WORK: _____ CELL: _____
 EMAIL ADDRESS: _____ REFERRED BY: _____
 DATE OF BIRTH: _____ GENDER: ()M ()F

DO YOU HAVE OR ARE YOU PRONE TO:	Yes	No
INGROWN HAIRS	<input type="checkbox"/> Y	<input type="checkbox"/> N
SCARRING	<input type="checkbox"/> Y	<input type="checkbox"/> N
BUMPS	<input type="checkbox"/> Y	<input type="checkbox"/> N
HYPER-PIGMENTATION	<input type="checkbox"/> Y	<input type="checkbox"/> N
BRUISING	<input type="checkbox"/> Y	<input type="checkbox"/> N
ALLERGIES**	<input type="checkbox"/> Y	<input type="checkbox"/> N
ARE YOU DIABETIC?	<input type="checkbox"/> Y	<input type="checkbox"/> N
HAVE YOU BEEN TREATED FOR CANCER?	<input type="checkbox"/> Y	<input type="checkbox"/> N
DO YOU HAVE SKIN LESIONS	<input type="checkbox"/> Y	<input type="checkbox"/> N
DO YOU HAVE AN ACTIVE HERPES OUTBREAK	<input type="checkbox"/> Y	<input type="checkbox"/> N

**IF YES, PLEASE LIST: _____

ANY OTHER ILLNESS /CONDITION YOU ARE PRESENTLY BEING TREATED FOR BY A MEDICAL PROFESSIONAL? _____

HAVE YOU USED ANY OF THE FOLLOWING IN THE LAST 48 -72 HOURS:	Yes	No
ACCUTANE	<input type="checkbox"/> Y	<input type="checkbox"/> N
RETIN-A	<input type="checkbox"/> Y	<input type="checkbox"/> N
ALPHA-HYDROXY ACID	<input type="checkbox"/> Y	<input type="checkbox"/> N
GLYCOLIC ACID	<input type="checkbox"/> Y	<input type="checkbox"/> N
RESORCINOL	<input type="checkbox"/> Y	<input type="checkbox"/> N
SCRUB OR PEEL	<input type="checkbox"/> Y	<input type="checkbox"/> N

HAVE YOU USED OTHER SKIN THINNING MEDICATIONS? () Y () N
 IF YES, PLEASE LIST: _____

DO YOU USE A TANNING BED? () Y () N

PLEASE NOTE:

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.

WAXING DOES HAVE CERTAIN SIDE EFFECTS INCLUDING, BUT NOT LIMITED TO, SKIN REMOVAL, REDNESS, SCABBING, BRUISING, SCARRING, SWELLING, TENDERNESS, HYPER PIGMENTATION, FLAKING, AND/OR PIMPLES.

WAXING OF SOFT TISSUE CAN CAUSE THE SKIN TO TEAR.

WE RECOMMEND NO PEELS, TANNING AND WET ROOM SERVICES FOR 72 HOURS AFTER WAXING TREATMENT.

I HAVE READ ALL THE ABOVE INFORMATION AND IF I HAD ANY CONCERNS, I HAVE ADDRESSED THEM WITH MY ESTHETICIAN. I GIVE PERMISSION TO MY TECHNICIAN TO PERFORM THE SERVICES WE HAVE TALKED ABOUT AND WILL HOLD HIM/HER HARMLESS FROM ANY LIABILITY THAT MAY RESULT FROM THIS TREATMENT. I HAVE GIVEN AN ACCURATE ACCOUNT OF ALL QUESTIONS ASKED ABOVE.

I UNDERSTAND MY ESTHETICIAN WILL TAKE EVERY PRECAUTION TO MINIMIZE OR ELIMINATE ANY NEGATIVE REACTIONS. I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE PROCEDURE AND THE RISKS, AND WILL NOT HOLD THE ESTHETICIAN OR ESTABLISHMENT OF PERFORMED SERVICES LIABLE FOR ANY CONDITIONS THAT MAY OCCUR AFTER SERVICE IS RENDERED.

CLIENT SIGNATURE: _____

DATE: _____