



SKIN CARE THERAPY

(315)416-1286

Waxing Client

Intake & Consent

Name _____ DOB _____
 Address _____
 City _____ State _____ Zip _____
 Occupation _____
 Email address _____
 Cell Phone number _____ Home/Other Number _____
 Would you like to receive appointment reminders via text/email? Yes No
 How did you hear about me? _____

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 medications? If so, please list all (including over the counter drugs/herbal supplements)

 Any Allergies? _____
 Please list any other illness/condition you are currently being treated for: _____

Female clients: 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.

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 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 have read and understand 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. In the event that I may have additional questions or concerns regarding my treatment or suggested home product / post-treatment care, I will consult the esthetician immediately. 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 paragraphs 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, whose signature appears below, 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.

Client Name (printed) _____

Client Name (signature) _____ Date _____

Esthetician _____ Date _____