

Client Consultation & Consent- Waxing



Date: ____/____/____

Name: _____

Date of Birth MM/DD/YY: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: (____) _____ - _____ E-mail address: _____

Referred by: _____

Have you used any Alpha Hydroxy Acid (AHA) or glycolic products in the past 48-72 hours? No Yes

Are you using Retin-a, Renova or Accutane (an oral form of Retin-a)? No Yes

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

Are you exposed to the sun on a daily basis or are you considering spending more time in the sun soon? No Yes

Do you use a tanning bed? No Yes

Are you diabetic? No Yes

Are you currently taking medications? If so, please list all (including over the counter drugs/herbal supplements):

What skin products do you regularly use on your skin? _____

Have you ever been treated for cancer? If yes, when and what types of therapies were used?

Please list any other illness/condition you are currently being treated for by a medical professional:

Female Clients Only:

When is your next menstrual cycle due to begin? _____ (Always allow five days for menstrual cycle. 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.)

Future Appointments/Contact:

May I call/text you at your cell phone number to confirm future appointments? No Yes

May I contact you via mail/email about future promotions and news? No Yes

May I take and use photos on the internet/ social media as part of a portfolio of treatments? No Yes

We appreciate your business. So that we can best serve all our clients, please be advised of these policies.

CONFIRMATION

A confirmation email &/or text will be sent 72 hours before your scheduled appointment. If the appointment is not confirmed within 24 hours of your appointment start time the scheduled time will not be held.

ARRIVAL TIME

Please aim to arrive 10 minutes before your scheduled appointment time. If you arrive after your scheduled appointment time, it may not be possible to extend the time available for your booked service; if your service is shortened due to your late arrival, you will be charged the full cost of the service.

CHANGING YOUR APPOINTMENT

24 hours notice is required to reschedule or cancel a booked appointment. If you reschedule, cancel or miss your scheduled appointment you will be charged 50% of the service cost if less than 24 hours before your appointment.

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Please note that waxing does 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 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 Signature: _____ Date: _____

Esthetician: _____ Date: _____