

CONFIDENTIAL CLIENT INFORMATION – WAXING

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone Number: (home) _____ (cell) _____ (work) _____

Email Address: _____ Would you like to receive occasional email updates? Yes No

How would you like to receive appointment reminders? Phone Call Phone Text Email None*

*Please note that failure to keep your appointment or cancel within 24 hours may result in additional fees. See Policies for details.

Current Occupation/Employer: _____

How did you hear about us? Google Yelp Newspaper Ad Vehicle Advertisement

From a friend, please provide his/her name: _____

Other, please explain: _____

Have you ever received a professional waxing session? Yes No How recently? _____

What area did you have waxed? _____

Did you have any adverse reactions, including ingrown hairs? Yes No Please explain: _____

THE FOLLOWING REQUIRED INFORMATION MUST BE COMPLETED IN ITS ENTIRETY, HONESTLY AND TO THE BEST OF YOUR KNOWLEDGE:

Please list all medications (over-the-counter *and* prescribed) and supplements that you are currently taking:

Please list all allergies or sensitivities, including smells: _____

Do you have or have you recently been in contact with any contagious illnesses or infections, including skin conditions:

No Yes, please explain: _____

Have you ingested any alcohol or illegal substances in the last 24 hours? Yes No

Are you currently pregnant? Yes No Do you have diabetes? Yes No Cancer? Yes No

Are you using or have you used any glycolic, salicylic, Retinol, Retin-A, Accutane, or any doctor prescribed acne/anti-aging creams, gels, or medications (oral or topical)? No Yes, please describe: _____

Do you use a tanning bed or tan in the sun on a regular basis? Yes No

Do you have any of the following occurring today: Broken bones Cold/flu/fever Cold Sores/Herpes lesions
 Cuts/bruises/burns Inflammation Menstruation Skin rash Sunburn Warts

What is your menstrual cycle due date? _____

PLEASE CONTINUE ON THE BACK OF THIS PAGE.

Please list any medical illnesses/conditions for which you are currently receiving treatment: _____

Please list all products used regularly on the area to be treated today: _____

By providing my signature below, I confirm that the information recorded above is complete and accurate to the best of my knowledge. I understand that the esthetician may only perform treatments within his or her scope of practice and level of comfort. Anything said during this session shall not be regarded as medical advice, treatment, diagnosis, or prescription. I understand that the esthetician may refuse service at any time for any reason, and that certain medical issues may contraindicate some waxing services and will be referred to a medical professional. I understand that it is my responsibility to inform the esthetician of any changes to my medical profile or skincare routine, and that the esthetician will not be held liable for anything resulting from my failure to do so. I agree that I have been given sufficient opportunity to ask questions and make specific requests in order to make my treatment time as comfortable as possible. I have also read and will abide by all policies and client expectations that are listed separately from this document.

Client Signature: _____ Date: _____

Check here if you are signing as the legal guardian for a minor under the age of 18.)

Therapist Signature: _____ Date: _____

IMPORTANT INFORMATION REGARDING WAXING SERVICES:

While waxing services are done safely on many people, it is important that clients understand that there are various contraindications that may affect treatment results. Some contraindications include but are not limited to: undiagnosed lumps, bumps or swelling, cuts and abrasions, infectious skin disorders, recent scar tissue, sunburn, severe and inflamed acne, high blood pressure, cancer, and certain medications. **If you as a client fail to notify the esthetician of any contraindications present, it could have rather undesirable results such as prolonging the condition, worsening the condition, or spreading infection on the body and to other people.** If you are being medically treated for any condition and are unsure of the safety of receiving any skincare treatment or waxing, consult your doctor for permission to proceed.

Prior to a waxing session, it may be helpful to prepare the skin and hair with a warm cleansing and gentle exfoliation to rid the area of any dead skin that may be prohibiting the hair from standing up properly. Body hair must be at least 1/4-1/2 inch in length. Please ensure that hair is long enough in order for it to be removed from the follicle. Hair that is too long may be trimmed, but hair that is too short may simply break off, preventing a successful waxing session. Clients may also wish to take an anti-inflammatory with pain reliever 20-30 minutes prior to their session to reduce pain and inflammation from waxing.

While waxing is often performed with no adverse reactions, it can have certain side effects including redness, tenderness, swelling, and minor bruising or slight skin removal. Side effects may last anywhere from 1-2 hours to one week, depending on the client's skin and the body's reaction to the procedure. The client should avoid hot water, harsh abrasives, and any sunscreen, lotion or perfume containing strong chemicals or fragrances, as they may cause irritation. **After waxing, exposure to the sun should be avoided or extremely limited for the next 48 hours.**

Following a wax, any irritation can be treated just like an injury with regular cleansing of the area and ice packs for pain and swelling. Clients may also prevent/treat ingrown hairs with the use of an anti-bacterial soap, an astringent such as Witch Hazel, and/or a salicylic treatment gel or mask. A light moisturizer will also be beneficial in preventing ingrown hairs. Please be sure to ask the esthetician if you have any questions or concerns related to the treatments or post-treatment care.