Confidential Waxing Consultation Card

Name_______________________________ Technicians Name_________________________

Date and Time of Treatment______________________________________________________

Client Analysis

Have you been waxed before? _____________ What area?_____________________________
Any problems?_______________________________________________________________

Do you take or use any products that contain the following:
Isotretinoin____ Tetracycline____ Retinoic Acid____ AHA Glycolic Acid____ Hydroquinone_____  
Have you recently had any type of chemical or glycolic peel?  Yes_____ No_____  
If glycolic, what percentage? _____ If chemical, please explain___________________________________________  
Any recent surgery or dermabrasion? Yes_____ No_____  
Any skin cancer or removal of skin cancer? Yes_____ No_____  
Are you pregnant? Yes_____ No_____ Are you a hemophiliac? Yes_____ No_____  
Are you on your menstrual cycle? Yes_____ No_____  
Are you on any medications, including birth control?  If yes, list: ___________________________  
How would you rate your sensitivity to pain? Low_____ Medium_____ High_____  
Do you have any moles, warts, abrasions, skin irritations or skin inflammations in the areas to be  
waxed? Yes_____ No_____ If yes, please list: ________________________________________  
Do you have any allergies? _______________________________________________________  

Have you been exposed to any tanning method in the past 24 hours?  Yes_____ No_____  
Have you taken any blood thinners, aspirin or any anticoagulating medication within the past 24  
hours? Yes_____ No_____  

In an effort to make your waxing experience as comfortable as possible, please supply your wax  
technician with all the necessary details in regard to past waxing procedures or health information  
not requested on this form.

Release for Waxing Service

I understand that the waxing service I have requested involves the application of heated products  
that may cause an adverse reaction to my hair, skin or body on which the service is performed. I  
fully understand that this establishment and its agents may refuse to perform the treatment I have  
requested if I have answered "yes" to any of the above questions. I have read the before-and- 
after procedures sheet provided to me by my technician and understand that failure to follow  
these instructions could result in an adverse reaction that may cause injury or damage to my skin.  
I hereby release this establishment, its agents and suppliers from any and all damage or injury  
that may result from the treatment I requested. I further agree that I am over the age of 18 years  
old.

Client signature________________________________________ Date____________________