



CLIENT WAXING ASSESSMENT FORM

First Name: _____ Last Name: _____

Birthday: _____ Employer/Occupation: _____

Phone:(H) _____ (C) _____

Address: _____

City: _____ State: _____ Zip Code: _____

How did you hear about us?(please circle)

Phonebook, Website, On the Beach Magazine, Facebook

Hotel/Resort: _____

Referral Client Name: _____

Email: _____

(if you'd like to be included in our e-newsletters for monthly specials and promotions)

Have you been waxed before? Yes No

1. Have you been seen by a dermatologist? Yes No
If yes, for what reason? _____

2. Please list all medications that you take regularly. Include hormones & vitamins.

3. Are you taking Accutane or any other acne medications? Yes No
If yes, for how long? _____

4. Do you use Retin-A, Renova, other topical vitamin A, or hydroquinone? Yes No
If yes, for how long? _____

5. Do you have any allergies? Are you allergic to any medications? Yes No
If yes, please list allergies _____

6. Are you pregnant or lactating? Yes No

7. Have you had any of the following procedures?

Laser resurfacing: No Yes Date _____

Light chemical peel: No Yes Date _____

Medium/heavy chemical peel: No Yes Date _____

8. Do you ever experience tightness or flaking of your skin? Yes No

9. Do you tan or frequent tanning booths? Yes No

10. Do you have a history of fever blisters or cold sores? Yes No

11. If we are waxing bikini area - Do you have a history of HPV? Yes No
(Because waxing could cause a flare up, you need to be on an antiviral prescription from your physician.)

All client information is kept strictly confidential.

INFORMED CONSENT FOR HAIR REMOVAL

I am _____ am not _____ presently using: (IF YES, PLEASE INDICATE WHICH)

- **Retin-A or any other topical vitamin A**
- **Accutane or any other acne medication**
- **any exfoliant or hydroxy-based products**
- **any medications such as cortisone, blood thinners, or diabetic medication.**

Any of the above are contraindicated for waxing and may result in skin irritation, peeling or hyperpigmentation.

I understand that if I have the herpes virus and do not obtain an antiviral medication prior to treatment of the area, the procedure may trigger an outbreak and I accept full responsibility for this.

I understand that if I begin using any of the above products and do not inform my esthetician prior to hair removal, I am accepting full responsibility for any skin reactions. Minor redness and sensitivity is normal from waxing.

Avoid sun, heat, and certain products as directed for at least 24-48 hours after waxing. The hair-removal process has been thoroughly explained to me, and I have had an opportunity to ask questions and receive satisfactory answers.

Client Signature _____ Date _____