

Velvet Day Spa

5191 S. Yosemite Street, Suite B
Greenwood Village, CO 80111
(303) 577-9977
www.velvetdayspa.com

Waxing Consultation Form

Date _____ Birthday _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Referral Source _____

When did you last shave? _____

How often do you shave? _____

Do you have any tendencies to:

- Ingrown hair _____ Yes ___ No
- Hyperpigmentation _____ Yes ___ No
- Scarring _____ Yes ___ No
- Bruising _____ Yes ___ No
- Bumps _____ Yes ___ No

Are you currently using or taking:

- Accutane _____ Yes ___ No
 - Resorcinol _____ Yes ___ No
 - Retin-A _____ Yes ___ No
 - Glycolic Acid _____ Yes ___ No
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Medical Data:

- Herpes Virus _____ Yes ___ No
- MRSA _____ Yes ___ No
- Allergies _____ Yes ___ No
- Alpha-Hydroxy Acid _____ Yes ___ No
- Scrub or Peel of any kind _____ Yes ___ No
- Any other medication?

Please list: _____

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- Other _____

