

Confidential Client Information and Consent

PLEASE PRINT CLEARLY

Name: _____ DOB: _____
Address: _____ City: _____ ZIP: _____
Home Phone: _____ Cell Phone: _____
Email: _____ Occupation: _____
Emergency Contact Name & Phone(s): _____
How did you hear about us? _____
May we occasionally notify you of specials? Yes No

Are you presently under a physicians care for any skin condition or other illness/condition? Yes No

If yes, please explain _____

Are you currently using or taking: (Please circle any that apply)

Glycolic Acid Salicylic Acid AHA's Vitamin A derivative products (ie: Retin-A) Prescription Skin Medicine
Have you used any skin thinning products and/or drugs in the last 3 months? Yes No
Have you ever taken Accutane? Yes No Do you receive dermal injections? Yes No
How frequently are you exposed to the sun/tanning beds? Incidentally Frequently Regularly

Have you ever had an adverse reaction after using any skin care product? (Please circle any that apply)

Rash Irritation Peeling Sun Sensitivity Breakout Other: _____

Have you ever had an allergic reaction to any of the following? (Please circle any that apply and explain)

Cosmetics Medicine Food Drugs
Animals Sunscreens Iodine Latex
Pollen AHA's Fragrance Shellfish

Other: _____

Do you have any of the following tendencies to: (Please circle any that apply)

Ingrown Hair Hyperpigmentation Cold Sores Scarring Bruising Bumps

Are you Claustrophobic? Yes No

Do you wear contact lenses? Yes No

Have you ever had skin cancer? Yes No

Do you have any metal implants or wear a pacemaker? Yes No

What skin care products do you regularly use at home? (Please circle any that apply)

Cleanser Scrub Toner Moisturizer Sunblock Anti-Aging Products Acne Treatments

For Female Clients: Are you pregnant or trying to conceive? Yes No Are you lactating? Yes No

I give permission to my esthetician to perform the procedure we have discussed and will hold her 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 am willing to follow recommendations made by my esthetician for a home care regimen that can minimize or eliminate possible negative reactions. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I understand the procedure and accept the risks. I do not hold the esthetician 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.

We request the courtesy of a 24-hour notice if you need to cancel or re-schedule your service appointment. If we do not receive at least 24 hour notice, a 50% fee will be charged to your credit card or deducted from your Gift Certificate. When services are scheduled for the same day as you call, a two-hour cancellation is required. No Show's will be charged the full value of the scheduled service. Please do not ask to be the exception.

Please arrive 10 minutes prior to your appointment time to allow ample time to check-in and prepare for your treatment. Arriving late will simply limit the time for your treatment, reducing its effectiveness and your pleasure. Your treatment will end on time so that the next guest is not delayed.

Client Signature _____ Date _____

Today's Date: _____

Name: _____

What waxing service are we performing today? (Please circle any that apply)

Face	Brow	Lip	Chin	Cheeks
Ears	Nostrils	Back	Chest	Stomach
Neck	Arms	Legs	Head	Underarms
Buttocks	Brazilian	Bikini	French Bikini	Other: _____

When did you last shave the area being waxed? _____ How often do you shave? _____

Please read and initial the following:

_____ Any pinking of the skin should disappear within a few hours after the waxing treatment. Slight pinking is normal, and indicates that the hair was removed from the root, rather than superficially broken off, as in shaving.

_____ Waxing has certain side effects that may cause: Redness, swelling, bruising, skin removal, scarring, hyperpigmentation or pimples.

_____ Waxing of soft tissue may cause the skin to tear resulting in the need for stitches/surgical glue. (Though very rare, the most common occurrence is in Brazilian bikini waxes, male or female)

_____ Beginning the day *after* your waxing you should exfoliate the waxed area to lessen the occurrence of in-grown hairs

_____ Avoid touching freshly waxed skin, as this can encourage irritation or small pimples.

For 24 hours following any waxing procedure avoid the following:

- Applying heat, including hot baths, saunas, and steam.
- UV exposure, this includes tanning beds.
- Applying products high in chemicals or fragrance to the waxed area, including perfume, body lotions, anti-perspirants, cosmetics, feminine hygiene sprays, self-tanning products and tan accelerators.
- Using harsh abrasive or exfoliates to the waxed area.

One last note about waxing...

We don't tweeze. This takes some getting used to on your part, but the reason for this is that your waxing service will last so much longer.

Perfect waxing means that wax is applied and removed, and all of the hair comes off. You will have a smooth, stubble-free area that remains hairless in between waxing appointments. This only occurs if the hair is long enough to be pulled out by the root and tweezing prevents this from happening.

So I ask that you be patient for about a month. Don't tweeze, shave or use a depilatory cream. Come in every three to four weeks like clockwork, and you will love your waxing even more than you do now!

I have read the above information and if I have any concerns, I will address these with my esthetician. I give permission to my esthetician to perform the procedure we have discussed, accept the risks and will hold her harmless from any liability that may result from this treatment.

Client Signature _____ Date _____