

Waxing intake:

Name: _____

Date: _____

Please list any medications you are taking: _____

Do you have any allergies: _____

Do you have any autoimmune disease or disorders _____

Do you have any medical conditions? If yes, please list: _____

Have you or have you ever used Accutane Retinol Hydroquinone

When? _____

Have you had a sunburn in the last 2 weeks? _____

Do you tan or use tanning beds regularly? _____

Have you had any sensitivities from waxing in the past? If yes, please explain:

Female Clients: Are you currently on your period? YES NO

I understand and am willing to comply with all pre and post care instructions. This procedure has been explained to me and my questions regarding the treatment, its complications and risks have been answered. I understand the procedure and accept the risks, and request that this procedure be performed on me.

Client signature: _____

Date: _____