Client Consent Form

Many ingredients or products require a waiting period of time before a waxing treatment. Some of these products/ingredients may cause sensitivity, irritation, hyperpigmentation, hypopigmentation, redness or partial skin removal. We recommend that you stop using these ingredients/products 48-72 hours (or longer) before and after your waxing treatment. See below for some of the main ingredients/products of concern. Please notify your technician if you are taking/using a products/ingredients that are not listed and you feel could be of concern, in reference to your waxing treatment.

1. Have you ever had a waxing treatment prior to this appointment? Yes / No

If so, have you ever had an adverse reaction to waxing? Yes / No

(If you have never been waxed, we will have to do a patch test and wait 48 hours).

1. Do not wax if you have varicose veins, diabetes, phlebitis, chapped, sore or sunburned skin, recent scar tissue, eczema or any other skin disorder. Do you have any of these issues? Yes / No (If so, which ones?)
2. In the past 2 weeks have you used- alpha hydroxy acid, salicylic acid, lactic acid, glycolic acid, enzyme peel, bleaching agents for body hair, bleaching agents for lightening skin? Yes / No (If yes which ones?)
3. In the past year, have you used or taken- or used- any of the following medications? Steroids, Renova, Retin-A, Differin, Trentinoin, Adapalene, Alustra, Avage/Tazorac, Avita, Accutane, Isotretinoin, Tazarotene, Tazarac, Retinol, or any vitamin A based or acne products. (ProActive), oral antibiotics, topical antibiotics, other exfoliants. Yes / No

(If yes, which one and how long ago?)

1. Also have you currently used any, chemical depilatories such as Nair, or acne treatments, such as benzoyl peroxide?

Yes / No (If yes which one?)

1. Do you have circulation problems, diabetes, high blood pressure (hypertension), taking high blood pressure medications, blood thinning medications like aspirin?
2. Have you had Botox, Radiance, Restylane or collagen injections in the last 72 hours?

If so please list the products from above that you have used, or circle them. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you had a Doctor administered chemical peel in the last two years? Yes / No (If so, what kind and when?)

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1. Have you been in the sun or a tanning bed in the last 48 hours? Yes / No
2. Skin resurfacing in the last year? Yes / No
3. Do you have sensitive skin? Yes / No
4. Do you have hepatitis, autoimmune disease, pacemaker or hemophilic? Yes / No (If so, which one?)

I have answered all of the above questions to the best of my knowledge and I understand the professional may refuse to provide the services to be due to certain health conditions. I also understand there may be irritation, redness or swelling to the areas that have been waxed or hair has been removed. I also understand if a Doctor’s note is required, I must provide the note to the beauty professional prior to the waxing service.

I understand that I must notify Wax Therapy of any changes in my health, treatments or medications. I the client cannot hold Wax Therapy for any damage, harm, injury or adverse reactions incurred as a result of the waxing or any other beauty treatment service. By checking the “Yes” box, this releases Wax Therapy from any liability.

Yes

No

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*Client’s Signature Printed Name*

How did you hear about Wax Therapy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/or Month of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If the client is less than 18 years of age, a parent or guardian must sign the release.

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*Parent/Guardian’s Name Date*