

# Client Intake Form — Waxing

Please complete all fields. This information is confidential.



Full Name

Date of Birth

Gender

Email

Phone

Address

City

State

Zip

Emergency Contact Name

Relationship

Emergency Phone

## Health & Skin History (check Yes or No)

Used AHA/glycolic products in last 72 hours?

Yes

☐

No

☐

Using or used Retin-A / retinoids / Accutane in last 12 months?

Yes

☐

No

☐

Using products or drugs that thin the blood?

Yes

☐

No

☐

Recent sun exposure or tanning beds (past 24–48 hrs)?

Yes

☐

No

☐

Diabetic?

Yes

☐

No

☐

Bruise easily?

Yes

☐

No

☐

Any allergies? If yes, list below.

Yes

☐

No

☐

Currently taking medications? If yes, list below.

Yes

☐

No

☐

Skin conditions (eczema, psoriasis, rosacea) or open wounds?

Yes

☐

No

☐

Pregnant or breastfeeding?

Yes

☐

No

☐

Menstruating or about to begin?

Yes

☐

No

☐

If you answered YES to allergies or medications, please list:

Area(s) to be waxed today:

Note: Waxing can cause temporary redness, tenderness, or bumps. Follow provided aftercare.

Client Signature

Date

Technician