

# 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