

# Waxing Consultation



# Form

Date: \_\_\_\_\_

Therapist: \_\_\_\_\_

Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Where did you hear about us?: \_\_\_\_\_

What is your skin type?:

COMBINATION

OILY

SENSITIVE

DRY

NORMAL

☐☐☐☐☐

Do you have any allergies?: \_\_\_\_\_

Have you recently had any of the following treatments?:

☐

Botox or Fillers

☐

Tanning Bed

☐

Microblading

☐

Chemical Peels

☐

Spray Tan

☐

Other

Please Specify: \_\_\_\_\_

Do you consent for Bombshell Beauty Academy to take photos of your look today and post to social media? \_\_\_\_\_

Bombshell Beauty Academy will retain this form for our private records as required by our local council, should any issues arise, we may be required to share this information with the Victorian Health Department.

BY SIGNING THIS FOR YOU AGREE TO PROCEED WITH YOUR BEAUTY TREATMENT REGARDLESS OF ANY ALLERGIES OR MEDICAL CONDITIONS YOU MAY HAVE.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_