

(Continued on next page.)

NEW CLIENT WAXING CONSENT & INTAKE FORM



Today's Date: 03-20-2018					
First Name: test			Last Name: r		
Email: sdsa@ldskad.co			Mobile Phone: 1231		
Preferred Contact (email, phone, SMS): Email			Mobile Phone Service Provider: AT&T		
OK to receive emails?			Gender: M F Birth Date: 2018-03-14		
Address: address			City: city	State:_state	Zip: zip
HOW DID YOU HEAR ABOU	T US?				
□ Walk-in/Drive-by □ Internet/Website □ Radio □ Direct Mail □ Coupon □ Flyer □ Return Customer □ Other □ Print Ad Which Magazine/paper? magazine □ Referral/Word of Mouth Who can we thank? think					
Do you have, or are you prone to:		Use of M	ledicines or Agent	s That Impact the	Skin:
Ingrown Hairs	☐ YES ☐ NO	Are you currently taking Retin A, Renova, Differin or other			
Scarring	☐ YES ☐ NO	types of skin thinning ACNE MEDICATIONS , orally or topically?			
Bumps	☐ YES ☐ NO	Please list:			
Hyperpigmentation	☐ YES ☐ NO	How long/how often? Are you currently using any BLEACHING AGENTS for your			
Bruising	☐ YES ☐ NO	facial or body hair or bleaching agents for pigmentation			
Allergies	☐ YES ☐ NO	(Hydroquinone, Trilumena), Alpha Hydroxy Acids (Glycolic,			
If yes, what to?	□ YES □ NO	Lactic), Salicylic Acids or other exfoliants?			
Are you diabetic?	☐ YES ☐ NO	Please list:			
Are you/could you be pregnant?	□ YES □ NO	How long/how often?			
New or continued use of certain medications or age vulnerable to lifting and sensitivity during waxing. In encourage test patching an area, if you are concern Any other illness/condition a medic	ndividuals do react differer ed, prior to waxing. Please	ntly to medication e inform your cerd	ns and sometimes waxing o ologist if you have begun to	can be done if proper test po aking any new medications	atching is completed. We
Do you have any ALLERGIES or alle	rgic reactions to fl	ower/fruit e	extracts, talcum po	owder or aspirin?_	
Other allergies, please list:					
PRECAUTIONS AND CONSIDER ☐ Sunburned, irritated or areas or a waxing cannot be performed ☐ If you have a history of Herpes ☐ Waxing cannot be performed ☐ Waxing cannot be administered ☐ No sun/tanning booths for 2 do tanning accelerators. ☐ Wait 2-3 days to wax before/a ☐ No hot tubs or baths for 24 hours follod ☐ No deodorants for 24 hours follod ☐ Women may experience extra	with open skin car if you have been it is Simplex, waxing of if you have had last ed if you had a phy ays following a way fter tanning with a urs following a booking a waxing treat	nnot be wax n a tanning can cause a ser skin resi vsician admi axing treatn accelerators dy waxing t eatment. arm waxing	ked. booth the same don outbreak. urfacing within the inistered peel with ment. Extra precaus. treatment.	e past year. nin the past two ye tion should be tak	en if using





CONSENT

I hereby request and grant permission to Waxing the City to administer waxing services and I voluntarily agree to be treated by a licensed esthetician. I confirm to the best of my knowledge that the information I have provided is accurate and complete, and I have received general information about the service I am seeking. I have not withheld information that may be relevant to the services or the results thereof. I am aware that there are often inherent risks associated with waxing and tinting procedures, and the services I am about to receive could have unfavorable and uncomfortable results, including but not limited to: allergic reaction, irritation, burning, redness, scarring, soreness, etc. By signing below, I freely assume these risks and I agree that I will not hold the Waxing the City salon or its owners or any of its employees responsible should there be any unfavorable outcome or result. I will inform Waxing the City of any complications or concerns I may have as soon as they occur, and any changes to the information in this form.

I understand I should refrain from tanning and/or direct sun exposure within 24-48 hours of waxing. I also understand that I should not have Micro-dermabrasion or "peels" 3 days pre- or post- waxing. I have read, understand, and agree to the above provisions.

all services offered by Waxin	estheticians to perform waxi until written notification fro g the City, except as follows:	ng treatments and other s m me that the authorization prent limitation	ervices on _03-20-2018 ("Minor"). on is revoked or modified. This authorization include [note any limitations on consent). v Minor is accurate and complete.
Signature			Date:
CHECK OFF THE SI		HAVING TODAY y Waxing	Combinations
radia traxiig, iiits		y vvuning	
☐ Brow Shaping	☐ Full Leg	Full Back	☐ Brow Shaping & Lip
Lip	☐ Half Leg	☐ Half Back	☐ Full Leg & Bikini
Chin	☐ Full Arm	☐ Chest	Lash Brow & Tint
☐ Sideburns	☐ Half Arm	☐ Abdomen	Full Face (excluding brows)
■ Nose	Bikini	■ Neck	Men's Masculine Tailoring
■ Ears		☐ Basic Brazilian (I	Men) Men's Maintenance Brow
Lash Tint	■ Brazilian Bikini	☐ Modified Brazilia	an (Men)
☐ Brow Tint	■ Buttocks	Full Brazilian (M	ale) Tween Brow Shaping
	☐ Inner Backside		

☐ Underarm