

(Continued on next page.)

NEW CLIENT WAXING CONSENT & INTAKE FORM



Today's Date: 03-20-2018								
First Name: test12		. Last Name: r						
Email: sdsa@ldskad.co		- Mobile Phone: 1231						
Preferred Contact (email, phone, SM		Mobile Phone Service Provider: AT&T						
OK to receive emails? ☐ Y ☐ N OK t	o receive SMS?	∃Y □ N	Gender: M F Birth Date: 2018-03-14					
Address: address			City: city	State: state	Zip: <u>zip</u>			
HOW DID YOU HEAR ABOUT	US?							
☐ Coupon ☐ Fly	ernet/Website er nich Magazine/pa no can we thanki	□ aper? <u>magaz</u>	Radio Return Customer	☐ Dire				
Do you have, or are you prone to:		Use of N	ledicines or Agents	That Impact the S	Skin:			
Ingrown Hairs	☐ YES ☐ NO	Are you	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		st:					
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?	Lactic), Salicylic Acids or other exfoliants?							
Are you diabetic?	Please list:							
Are you/could you be pregnant?	□ YES □ NO	How lon	low long/how often?					
New or continued use of certain medications or agent vulnerable to lifting and sensitivity during waxing. Indiencourage test patching an area, if you are concerned Any other illness/condition a medica	viduals do react differen , prior to waxing. Please	ntly to medication or inform your cel	ons and sometimes waxing c rologist if you have begun to	an be done if proper test pa king any new medications s	tching is completed. We			
Do you have any ALLERGIES or allerg	ic reactions to fl	ower/fruit	extracts, talcum po	wder or aspirin?_				
Other allergies, please list:								
PRECAUTIONS AND CONSIDE Sunburned, irritated or areas wi Waxing cannot be performed if If you have a history of Herpes S Waxing cannot be performed if Waxing cannot be administered No sun/tanning booths for 2 day tanning accelerators. Wait 2-3 days to wax before/aft No hot tubs or baths for 24 hour No abrasives for 24 hours follow No deodorants for 24 hours follow	th open skin can you have been in simplex, waxing of you have had last if you had a phy ys following a wat er tanning with a rs following a bo ving a waxing tre owing an undera	nnot be wanning can cause a ser skin restriction administration accelerator ody waxing eatment.	xed. y booth the same do an outbreak. curfacing within the ninistered peel with ment. Extra precau rs. treatment.	past year. in the past two yea	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

I underst	and I should refrain froi	n tar	nning and/or direct sun	expos	ure within 24-48 hours of	f waxing. I	also understand that I should not		
have Mic	ro-dermabrasion or "pe	els"	3 days pre- or post- wax	ing. I	have read, understand, a	nd agree t	to the above provisions.		
I authoriz This auth all service	red Waxing the City estlorization is ongoing untersection is ongoing untersections to the contractions are set offered by Waxing the contractions are set of the contracti	netic il wr e Cit	itten notification from n y, except as follows: <u>pro</u>	treatn ne tha ent lim	nents and other services of the authorization is rev	oked or m [no	odified. This authorization includes ote any limitations on consent).		
J			CEC VOIL A DE LI			::			
Facial Waxing/Tints			Body Waxing				Combinations		
	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		Modified Bikini		Basic Brazilian (Men)		Men's Maintenance Brow		
	Lash Tint		Brazilian Bikini		Modified Brazilian (Men) 🗆	Men's Facial Grooming Combo		
	Brow Tint		Buttocks		Full Brazilian (Male)		Tween Brow Shaping		
			Inner Backside						

☐ Underarm