

(Continued on next page.)

NEW CLIENT WAXING CONSENT & INTAKE FORM



Today's Date: <u>03-20-2018</u>									
First Name: ewq	Last Name: r								
Email: sdsa@ldskad.co		Mobile Phone: 1231							
Preferred Contact (email, phone, S		_ Mobile Phone Service Provider: AT&T							
OK to receive emails? M Y □ N O	K to receive SMS?	□Y □ N	Gender: M F Birth Date: 2018-03-14						
Address: address			City: city	State: state	Zip: zip				
HOW DID YOU HEAR ABOU	IT 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 N	Medicines or Agents	That Impact the S	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: How long/how often?							
Hyperpigmentation	☐ YES ☐ NO		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 ag vulnerable to lifting and sensitivity during waxing. encourage test patching an area, if you are concertany other illness/condition a medical content and the sense of the sense	Individuals do react differer ned, prior to waxing. Please	ntly to medication	ons and sometimes waxing ca rologist if you have begun tal	n be done if proper test pa king any new medications s	tching is completed. We				
Do you have any ALLERGIES or alle	ergic reactions to fl	ower/fruit	extracts, talcum po	wder or aspirin?					
Other allergies, please list:	•		•						
PRECAUTIONS AND CONSIL ☐ Sunburned, irritated or areas ☐ Waxing cannot be performed ☐ If you have a history of Herpe ☐ Waxing cannot be performed ☐ Waxing cannot be administer ☐ No sun/tanning booths for 2 or tanning accelerators. ☐ Wait 2-3 days to wax before/ ☐ No hot tubs or baths for 24 here.	with open skin car if you have been i is Simplex, waxing if you have had land ed if you had a phy days following a wa after tanning with ours following a bo	nnot be wa n a tanning can cause a ser skin res ysician adm axing treat accelerato ody waxing	xed. g booth the same da an outbreak. surfacing within the ninistered peel withi ment. Extra precaut	past year. n the past two yea					
No abrasives for 24 hours follNo deodorants for 24 hours f	-		g treatment.						
☐ Women may experience extra	_			eginning of their r	menses.				





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

			6 aa, o. a cocoa.						
have Mic	ro-dermabrasion or "pe	els"	3 days pre- or post- wa	axing. I	have read, understand, a	nd agree t	to the above provisions.		
Parent or I authorize	r Guardian Consent (Mu red Waxing the City esth	ust b	e completed for client	s Unde	r the Age of 18): nents and other services o	on 03-20-	2018 ("Minor").		
This auth all service	orization is ongoing unt es offered by Waxing th	il wr e Cit	itten notification from y, except as follows: <u>P</u>	me tha	it the authorization is rev	oked or m [no	nodified. This authorization include ote any limitations on consent).		
Signature	SignatureDate:								
CHEC	K OFF THE SER	VIC	ES YOU ARE H	IAVI	NG TODAY				
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		
		П	Inner Backside						

☐ Underarm