

(Continued on next page.)

## NEW CLIENT WAXING CONSENT & INTAKE FORM



Today's Date: 03-20-2018								
First Name: prithvi new	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	to receive SMS?	∃Y □ N	Gender: ☐ M ☐ F Birth Date: 2018-03-14					
Address: address			City: city	State: state	Zip:_ <sup>zip</sup>			
HOW DID YOU HEAR ABOUT	US?							
☐ Coupon ☐ FI ☐ Print Ad W	ternet/Website yer hich Magazine/pa ho can we thankî	aper? <u>maga</u>	Radio Return Customer <sub>zine</sub>	☐ Dire				
Do you have, or are you prone to:		Use of N	Medicines or Agents	That Impact the S	Skin:			
Ingrown Hairs Scarring	☐ YES ☐ NO☐ YES ☐ NO☐	Are you currently taking Retin A, Renova, Differin or other types of skin thinning <b>ACNE MEDICATIONS</b> , orally or topically?						
Bumps	☐ YES ☐ NO	Please list:						
Hyperpigmentation	☐ YES ☐ NO	How long/how often?						
Bruising	☐ YES ☐ NO	•	Are you currently using any <b>BLEACHING AGENTS</b> for your 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	Diago list.						
Are you/could you be pregnant?	□ YES □ NO	How long/how often?						
New or continued use of certain medications or ages vulnerable to lifting and sensitivity during waxing. In encourage test patching an area, if you are concerned that the content of the	dividuals do react differer d, prior to waxing. Please	ntly to medication e inform your ce	ons and sometimes waxing car rologist if you have begun tak	n be done if proper test pa	tching is completed. We			
Do you have any <b>ALLERGIES</b> or aller	gic reactions to fl	ower/fruit	extracts, talcum pov	wder or aspirin?				
Other allergies, please list:								
PRECAUTIONS AND CONSID	ERATION: RE	AD AND	INTIAL					
<ul> <li>☐ Sunburned, irritated or areas w</li> <li>☐ Waxing cannot be performed i</li> <li>☐ If you have a history of Herpes</li> <li>☐ Waxing cannot be performed i</li> <li>☐ Waxing cannot be administere</li> <li>☐ No sun/tanning booths for 2 datanning accelerators.</li> <li>☐ Wait 2-3 days to wax before/at</li> <li>☐ No hot tubs or baths for 24 hours follo</li> <li>☐ No deodorants for 24 hours follo</li> </ul>	f you have been in Simplex, waxing of you have had last of if you had a phy ays following a water tanning with a last of iter tanning with a last of iter tanning with a last of iter tanning a book wing a waxing treat to iter tanning an under a lowing an under a simple iter.	n a tanning can cause ser skin resersion admersion admersion accelerators waxing eatment.	g booth the same day an outbreak. surfacing within the hinistered peel within ment. Extra precautions. treatment.	past year. n the past two yea on should be take	en if using			
☐ Women may experience extra	sensitivity to wax	ang up to a	i week prior to the b	egnining of their r	11611565.			





## **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 Mic	ro-dermabrasion or	"peels"	3 days pre- or post	- waxing. I	have read, understand, ar	nd agree t	to the above provisions.		
I authoriz This auth all service	orization is ongoing es offered by Waxing	esthetici until wr g the Cit	ans to perform wa itten notification fr y, except as follows	xing treatm om me tha s: prent lim	nents and other services on t the authorization is revo	ked or m [no	nodified. This authorization include ote any limitations on consent).		
Signature	<u> </u>				Date	:			
	K OFF THE SI								
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