

(Continued on next page.)

## NEW CLIENT WAXING CONSENT & INTAKE FORM



Today's Date: 03-19-2018								
First Name: GoulRajNew		Last Name: lastname						
Email: email@fds.co		Mobile Phone: 123						
Preferred Contact (email, phone,	SMS): Email		Mobile Phone Service Provider: AT&T					
OK to receive emails? ☐ Y ☐ N C	OK to receive SMS?	JY □ N	Gender: ☐ M ☐ F Birth Date: 2018-03-23					
Address: address		City: <u>city</u> State: <u>state</u> Zip: <u>zip</u>						
HOW DID YOU HEAR ABOU	JT US?							
☐ Coupon ☐ ☐ Print Ad	Internet/Website Flyer Which Magazine/pa Who can we thank?	aper? <u>magaz</u>	Radio					
Do you have, or are you prone to	):	Use of M	ledicines or Agents That Impact the Skin:					
Ingrown Hairs Scarring	☐ YES ☐ NO☐ YES ☐ NO	types of	Are you currently taking Retin A, Renova, Differin or other types of skin thinning <b>ACNE MEDICATIONS</b> , orally or topically? Please list: Retin					
Bumps	☐ YES ☐ NO	How long/how often? 3months						
Hyperpigmentation	☐ YES ☐ NO	Are you currently using any <b>BLEACHING AGENTS</b> 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? Dengu	_	Lactic), Salicylic Acids or other exfoliants?						
Are you diabetic?	☐ YES ☐ NO		Please list: Glu					
Are you/could you be pregnant?	☐ YES ☐ NO	TIOW IOII	How long/how often? 5months					
vulnerable to lifting and sensitivity during waxing	. Individuals do react differen rned, prior to waxing. Please	tly to medication inform your cer	Certain products can make the skin more sensitive. Thin, sensitive skin is more ns and sometimes waxing can be done if proper test patching is completed. We cologist if you have begun taking any new medications since your last visit.  Teating you for?					
03-19-2018								
Do you have any <b>ALLERGIES</b> or all	ergic reactions to flo	ower/fruit	extracts, talcum powder or aspirin? limitation					
Other allergies, please list: other a	mergy							
_	s with open skin cand if you have been in es Simplex, waxing od if you have had lasted if you had a phydays following a wathaurs following a borours following a water a borours following a water a borours following a borours following a water a borours following a water a borours following	not be wax n a tanning can cause a ser skin res sician adm axing treatr accelerator dy waxing	ked. booth the same day. In outbreak. urfacing within the past year. inistered peel within the past two years. ment. Extra precaution should be taken if using					
☐ No deodorants for 24 hours ☐ Women may experience ext	_	_	treatment. week prior to the beginning of their 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

nave iviic	ro-dermabrasion or pe	eeis	3 days pre- or post- v	waxing. i i	nave read, understand, a	nu agree i	to the above provisions.	
I authoriz This authall service	orization is ongoing un es offered by Waxing th	hetic til wr ne Cit	ians to perform waxi itten notification fro y, except as follows:	ng treatm m me tha limitatior	nents and other services of the authorization is revo	oked or m [no	nodified. This authorization includes ote any limitations on consent).	
Signature	other allergy	$\in$			Date	e: <u>03-19-2018</u>		
	K OFF THE SER	VIC					Combinations	
Facial Waxing/Tints			Roa	y 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