

Client Name: _____

Medical Conditions, Use of Medicines or Agents That Impact the Skin:

- Are you currently taking Retin A, Renova, Differin or other types of skin thinning **ACNE MEDICATIONS**, orally or topically?

Please list: _____

How long/how often? _____

- Are you currently using any **BLEACHING AGENTS** for your facial or body hair or bleaching agents for pigmentation (Hydroquinone, Trilumena), Alpha Hydroxy Acids (Glycolic, Lactic), Salicylic Acids or other exfoliants?

Please list: _____

How long/how often? _____

Any other illness/condition a medical professional is treating you for? _____

- Do you have any allergic reactions or allergies to flower/fruit extracts, talcum powder or aspirin? _____

- Are you diabetic? Yes ☐ No ☐ • Are you/could you be pregnant? Yes ☐ No ☐

New or continued use of certain medications or agents increases the possibility of a reaction. Certain products can make the skin more sensitive. Thin, sensitive skin is more vulnerable to lifting and sensitivity during waxing. Individuals do react differently to medications and sometimes waxing can be done if proper test patching is completed. We encourage test patching an area, if you are concerned, prior to waxing. Please inform your cerologist if you have begun taking any new medications since your last visit

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.

Parent or Guardian Consent **(Must be completed for clients Under the Age of 18):**

I authorize waxing the Qty estheticians to perform waxing treatments and other services on ("Minor"). This authorization is ongoing until written notification from me that the authorization is revoked or modified. This authorization includes all services offered by Waxing the City, except as follows:

_____ (Note any limitations on consent), I confirm to the best of my knowledge that the information provided in this form by Minor is accurate and complete.

Signature: _____ Date: _____

FACIAL WAXING/TINTS	BODY WAXING	COMBINATIONS
---------------------	-------------	--------------

CEROLOGY SERVICE

- | | | | | | | | |
|---------------------------------------|------------------------------------|---|---|------------------------------------|---|---|--|
| <input type="checkbox"/> Brow Shaping | <input type="checkbox"/> Nose | <input type="checkbox"/> Full Leg | <input type="checkbox"/> Bikini | <input type="checkbox"/> Full Back | <input type="checkbox"/> Basic Brazilian (men) | <input type="checkbox"/> Brow Shaping & Lip | <input type="checkbox"/> Men's Masculine Tailoring |
| <input type="checkbox"/> Lip | <input type="checkbox"/> Ears | <input type="checkbox"/> Half Leg | <input type="checkbox"/> Modified Bikini | <input type="checkbox"/> Half Back | <input type="checkbox"/> Modified Brazilian (men) | <input type="checkbox"/> Full Leg & Bikini | <input type="checkbox"/> Men's Maintenance Brow |
| <input type="checkbox"/> Chin | <input type="checkbox"/> Lash Tint | <input type="checkbox"/> Full Arm | <input type="checkbox"/> Brazilian Bikini | <input type="checkbox"/> Chest | <input type="checkbox"/> Full Brazilian (men) | <input type="checkbox"/> Lash Brow & Tint | <input type="checkbox"/> Men's Facial Grooming Combo |
| <input type="checkbox"/> Sideburns | <input type="checkbox"/> Brow Tint | <input type="checkbox"/> Half Arm | <input type="checkbox"/> Buttocks | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Other | <input type="checkbox"/> Full Face (no brows) | <input type="checkbox"/> Tween Brow Shaping |
| | <input type="checkbox"/> Under Arm | <input type="checkbox"/> Inner Backside | <input type="checkbox"/> Neck | | | | |

ITEMS SUGGESTED FOR PURCHASE:

GENERAL RETAIL	SANITAS	1 LOVE MY MUFF
----------------	---------	----------------

- | | | | | | |
|--|---|---|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Brow Scissors | <input type="checkbox"/> No Scream Cream | <input type="checkbox"/> Active Body Wash | <input type="checkbox"/> Therapeutic Cleansing Pads | <input type="checkbox"/> Clean Wash | <input type="checkbox"/> Fresh Wipes |
| <input type="checkbox"/> Brow Shaper Kit | <input type="checkbox"/> PFB Chromobright | <input type="checkbox"/> Milk & Honey Body Butter | <input type="checkbox"/> Drying Lotion | <input type="checkbox"/> Pure Spray | <input type="checkbox"/> Travel Kit |
| <input type="checkbox"/> Exfoliating Glove | <input type="checkbox"/> Tweezers - Pointed | <input type="checkbox"/> Milk & Honey Body Scrub | <input type="checkbox"/> Solar Block | <input type="checkbox"/> Soft Lotion | <input type="checkbox"/> |
| <input type="checkbox"/> Tendskin | <input type="checkbox"/> Tweezers-Slanted | | | | |
| <input type="checkbox"/> Sugar Sugar Scrub | | | | | |

NOTES: _____