

Client Name: new

Medical Conditions, Use of Medicines or Agents That Impact the Skin:	
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- Are you currently taking Retin A, Renova, Differin or other types of skin thinning **ACNE MEDICATIONS**, orally or topically?

Please list: Retin

How long/how often? df

- 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: dfg

How long/how often? dfg

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

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

- 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 City 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.

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Signature: \_\_\_\_\_ Date: 03-18-2018

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

**CHECK OFF THE SERVICES YOU ARE HAVING TODAY**

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