

WAXING CONSENT & INTAKE FORM



Client Name: Date Testing

V	ledical 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), Alph						
	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? Yes					
•	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 Qty 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-

derstand, and agree to the ab	oove provisions.				
Qty estheticians to perform v	vaxing treatments and oth	ner services on ("Minor"). Th			
he best of my knowledge that	t the information provided	d in this form by Minor is acc	curate and complete	`	
ರ್ಷ-೧೯೬೮ ರಾಜಕ್ಕೆ ರಾಜ					
FACIAL WAXING/TINTS		BODY WAXING		COMBINATIONS	
rs Half Leg Mo	odified Bikini Half Back azilian Bikini Chest ttocks Abdomen	Basic Brazilian (men) Modified Brazilian (men) Full Brazilian (men) Other	Brow Shaping & Lip Full Leg & Bikini Lash Brow & Tint Full Face (no brows)	Men's Masculine Tailoring Men's Maintenance Brow Men's Facial Grooming Combo Tween Brow Shaping	
RAL RETAIL	SANITAS		1 LOVE MY MUFF		
No Scream Cream PFB Chromobright Tweezers - Pointed Tweezers-Slanted	Active Body Wash Milk & Honey Body Butter Milk & Honey Body Scrub	Therapeutic Cleansing Pads Drying Lotion Solar Block	Clean Wash Pure Spray Soft Lotion	Fresh Wipes Travel Kit	
	ASENT (Must be completed for Oty estheticians to perform vorization is revoked or modified the best of my knowledge that the b	Oty estheticians to perform waxing treatments and otherization is revoked or modified. This authorization included by the best of my knowledge that the information provided by the best of my knowledge that the information provided by the best of my knowledge that the information provided by the best of my knowledge that the information provided by the best of my knowledge that the information provided by the best of my knowledge that the information provided by the best of my knowledge that the information provided by the best of my knowledge that the information provided by the best of my knowledge that the information provided by the best of my knowledge that the information provided by the body included by the best of my knowledge that the information provi	ASSENT (Must be completed for clients Under the Age of 18): Oty estheticians to perform waxing treatments and other services on ("Minor"). The prization is revoked or modified. This authorization includes all services offered by the best of my knowledge that the information provided in this form by Minor is accompleted by the best of my knowledge that the information provided in this form by Minor is accompleted by the best of my knowledge that the information provided in this form by Minor is accompleted by the best of my knowledge that the information provided in this form by Minor is accompleted by the best of my knowledge that the information provided in this form by Minor is accompleted by the best of my knowledge that the information provided in this form by Minor is accompleted by the best of my knowledge that the information provided in this form by Minor is accompleted by Maxima Body Waxima Maxima Maxim	See Full Leg Bikini Full Back Basic Brazilian (men) Full Leg & Bikini Full Back Modified Brazilian Bikini Full Arm Brazilian Bikini Chest Full Brazilian (men) Lash Brow & Tint Dw Tint Half Arm Buttocks Abdomen Other Other Full Face (no brows)	



