

Today's Date: _____

First Name: _____ Last Name: _____

Email: _____ Mobile Phone: _____

Preferred Contact (email, phone, SMS): _____ Mobile Phone Service Provider: _____

OK to receive emails? ☐ Y ☐ N OK to receive SMS? ☐ Y ☐ N Gender: ☐ M ☐ F Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

HOW DID YOU HEAR ABOUT US?

- | | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> Walk-in/Drive-by | <input type="checkbox"/> Internet/Website | <input type="checkbox"/> Radio | <input type="checkbox"/> Direct Mail |
| <input type="checkbox"/> Coupon | <input type="checkbox"/> Flyer | <input type="checkbox"/> Return Customer | <input type="checkbox"/> Other |
| <input type="checkbox"/> Print Ad | Which Magazine/paper? _____ | | |
| <input type="checkbox"/> Referral/Word of Mouth | Who can we thank? _____ | | |

Do you have, or are you prone to:

- | | |
|--------------------------------|--|
| Ingrown Hairs | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Scarring | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Bumps | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Hyperpigmentation | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Bruising | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Allergies | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, what to? _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are you diabetic? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are you/could you be pregnant? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

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? _____

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.

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

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

Other allergies, please list: _____

PRECAUTIONS AND CONSIDERATION: READ AND INITIAL

- ☐ Sunburned, irritated or areas with open skin cannot be waxed.
- ☐ Waxing cannot be performed if you have been in a tanning booth the same day.
- ☐ If you have a history of Herpes Simplex, waxing can cause an outbreak.
- ☐ Waxing cannot be performed if you have had laser skin resurfacing within the past year.
- ☐ Waxing cannot be administered if you had a physician administered peel within the past two years.
- ☐ No sun/tanning booths for 2 days following a waxing treatment. Extra precaution should be taken if using tanning accelerators.
- ☐ Wait 2-3 days to wax before/after tanning with accelerators.
- ☐ No hot tubs or baths for 24 hours following a body waxing treatment.
- ☐ No abrasives for 24 hours following a waxing treatment.
- ☐ No deodorants for 24 hours following an underarm waxing treatment.
- ☐ Women may experience extra sensitivity to waxing up to a week prior to the beginning of their menses.

(Continued on next page.)

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 authorized 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.

Signature _____ Date: _____

CHECK OFF THE SERVICES YOU ARE HAVING TODAY

Facial Waxing/Tints	Body Waxing		Combinations
<div><input type="checkbox"/> Brow Shaping</div> <div><input type="checkbox"/> Lip</div> <div><input type="checkbox"/> Chin</div> <div><input type="checkbox"/> Sideburns</div> <div><input type="checkbox"/> Nose</div> <div><input type="checkbox"/> Ears</div> <div><input type="checkbox"/> Lash Tint</div> <div><input type="checkbox"/> Brow Tint</div>	<div><input type="checkbox"/> Full Leg</div> <div><input type="checkbox"/> Half Leg</div> <div><input type="checkbox"/> Full Arm</div> <div><input type="checkbox"/> Half Arm</div> <div><input type="checkbox"/> Bikini</div> <div><input type="checkbox"/> Modified Bikini</div> <div><input type="checkbox"/> Brazilian Bikini</div> <div><input type="checkbox"/> Buttocks</div> <div><input type="checkbox"/> Inner Backside</div> <div><input type="checkbox"/> Underarm</div>	<div><input type="checkbox"/> Full Back</div> <div><input type="checkbox"/> Half Back</div> <div><input type="checkbox"/> Chest</div> <div><input type="checkbox"/> Abdomen</div> <div><input type="checkbox"/> Neck</div> <div><input type="checkbox"/> Basic Brazilian (Men)</div> <div><input type="checkbox"/> Modified Brazilian (Men)</div> <div><input type="checkbox"/> Full Brazilian (Male)</div>	<div><input type="checkbox"/> Brow Shaping & Lip</div> <div><input type="checkbox"/> Full Leg & Bikini</div> <div><input type="checkbox"/> Lash Brow & Tint</div> <div><input type="checkbox"/> Full Face (excluding brows)</div> <div><input type="checkbox"/> Men's Masculine Tailoring</div> <div><input type="checkbox"/> Men's Maintenance Brow</div> <div><input type="checkbox"/> Men's Facial Grooming Combo</div> <div><input type="checkbox"/> Tween Brow Shaping</div>

☐ Full Leg

☐ Half Leg

☐ Full Arm

☐ Half Arm

☐ Bikini

☐ Modified Bikini

☐ Brazilian Bikini

☐ Buttocks

☐ Inner Backside

☐ Underarm

☐ Full Back

☐ Half Back

☐ Chest

☐ Abdomen

☐ Neck

☐ Basic Brazilian (Men)

☐ Modified Brazilian (Men)

☐ Full Brazilian (Male)

☐ Brow Shaping & Lip

☐ Full Leg & Bikini

☐ Lash Brow & Tint

☐ Full Face (excluding brows)

☐ Men's Masculine Tailoring

☐ Men's Maintenance Brow

☐ Men's Facial Grooming Combo

☐ Tween Brow Shaping