



## WAX FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

When did you last shave? \_\_\_\_\_ How often do you shave? \_\_\_\_\_

Do you have any tendencies to: (circle)

Ingrown Hair          Hyperpigmentation

Scarring                Bumps

Bruising

Are you currently using or taking: (circle)

Accutane                Resorcinol                Differin

Retin-A                Glycolic Acid                Scrub or Peel of any kind

Alpha-hydroxy Acid

Medical Data: (circle)

Herpes Virus          MRSA

Allergies (Please list) \_\_\_\_\_

Other \_\_\_\_\_

If I have Herpes or MRSA, I may experience an outbreak. My professional has explained the seasons and I understand.

int. \_\_\_\_\_

I understand I may carry Herpes and/or MRSA without any physical symptoms or having had a medical diagnosis confirmed.

int. \_\_\_\_\_

Waxing may cause: Bruises, scabs, scarring, redness, hyperpigmentation, or pimples.

int. \_\_\_\_\_

Waxing of soft tissue may cause the skin to tear resulting in the need for stitches. (Most common occurrence is in the Brazilian/bikini waxes, male or female.)

int. \_\_\_\_\_

I understand all of the above mentioned reactions. I also understand if I change my skin care routine or medications I must inform the professional PRIOR to starting any service in the future.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Esthetician Signature \_\_\_\_\_ Date \_\_\_\_\_