



Confidential Client Information for Waxing Services

First and Last Name: _____ Date: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Email Address: _____ Cell: _____ Date of Birth: _____
Emergency Contact: _____ Phone Number: _____ Relationship: _____

The following Information must be completed in its entirety, honestly, and to the best of your knowledge.

- 1. Have you ever received a professional waxing service before? YES NO
2. If yes, have you ever experienced an adverse reaction, including ingrown hair, hyperpigmentation or bruising? YES NO
3. Are you under the care of a doctor or dermatologist? YES NO
4. In the last 72 hours, have you used any of the following? Retin-A Renova Adapalene Isotretinoin Acitretin
Clindamycin/Tretinoin Tazarotene Bexarotene Alitretinoin Fluocinolone/Hydroquinone/Tretinoin Tazarac
Differin Tetracycline NONE
5. Have you taken Accutane within the last six months? YES NO
6. Have you used any over the counter products that contain glycolic acid, alpha hydroxy acid, benzoit acid, benzoyl peroxide or
salicylic acid within the last 72 hours? YES NO
7. Are you taking any medications that cause thinning of the blood or skin? If so, your technician will do a patch test to see if your
services can be performed. YES NO
8. Please circle if you have been diagnosed with the following:
Varicose Veins Blood Clots Heart Problems Diabetes HIV AIDS
12. Do you have any open sores, rashes, cold sores/herpes lesions or contact with contagious illnesses or infections, including skin
conditions? YES NO If yes, please explain _____
13. Have you had microdermabrasion, light peels, Botox injections, or dermal-filler within the last 7 days? YES NO
14. Have you had laser skin resurfacing, cosmetic or reconstructive surgery, or physician-administered chemical peel within the last
year on the area you wish to have waxed? YES NO If yes, you will need your physicians approval before your treatment.
15. Do you use tanning beds? YES NO If yes, when was your last session? _____
16. Are you taking any medications that may cause water retention? Some hormone drugs, blood pressure pills, antidepressants, and
steroids may cause water retention. YES NO
17. Have you ever been treated for cancer? YES NO
18. Please list all allergies or sensitivities, including smells: _____

19. For women, are you on your menstrual cycle? YES NO Are you pregnant? YES NO

Please note that certain medications and ingredients increase the possibility of a reaction. Always inform your
esthetician if you have begun taking, or using new medications, or products since your last visit.
Waxing does have certain side effects such as skin lifting, redness, scabbing, bruising, scarring swelling, tenderness,
hyperpigmentation, and or pimples.

I give permission to my therapist to perform the waxing procedure we have discussed and will hold her harmless from any liability that may result
from this treatment. I have had sufficient opportunity for discussion and to have my questions answered. I understand the procedure and accept the
risks. I have given an accurate account of the questions asked including all known allergies, prescription drugs and products I am currently ingesting
or using topically. I understand my esthetician will take every precaution to minimize or eliminate negative reactions. She will abide by the laws set
forth by the Delaware Board of Cosmetology in regards to sanitation. I am willing to follow the recommendations made by my esthetician for a home
care regimen that can minimize negative reactions, and in the event I have questions or concerns regarding my service I will consult my esthetician
immediately.

Client's Signature: _____ Date: _____