

## CONSULTATION CARD – WAXING SERVICES



This information is confidential and will not be shared with any third parties. We ask that you provide this information in order to ensure the best treatment result, as well as ensuring your safety and that of your esthetician during your skin care service. Thank you in advance for your cooperation.

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Tel \_\_\_\_\_ Date of Birth \_\_\_\_\_

How did you hear about us?  Yelp  Google  Friend: \_\_\_\_\_ On-Line voucher: \_\_\_\_\_

### **PLEASE ANSWER THE FOLLOWING QUESTIONS to ensure a safe and comfortable waxing service for yourself and your esthetician:**

Please indicate if you have now, or have recently had any of the conditions listed below. Check all that apply:

Diabetes  High Blood Pressure  Bleeding disorder  Varicose Veins  Cold Sore/Herpes Virus

Are you allergic to latex? \_\_\_\_\_ Any other skin condition (please explain) \_\_\_\_\_

Please indicate if you have taken any of the following medications or had any of these topical treatments within the last 3 months. Check all that apply:

Accutane  Tetracycline  Antibiotics  High Blood Pressure Medication  Aspirin therapy

Chemotherapy  Thyroid Medication  Retin-A/Retinol Cream  Glycolic Acids (AHA's)

Benzoyl Peroxide (Proactive / Oxy)  Cortisone Cream

Please list if you are taking any other medication(s) that may make your skin more sensitive, delicate, or prone to bleeding \_\_\_\_\_

Please indicate if you have had plastic/reconstructive surgery in the area to be waxed: YES NO

Please indicate if you have ever been diagnosed with, or, tested positive for:  Hepatitis B,  HIV.

Please indicate if you have recently had/used in the area to be waxed:  Microdermabrasion  Chemical Peel (within the last 3 months)  Laser Treatment  Tanning within the last 24 hours  Sunless Tan

Are you currently under the care of a Dermatologist?  Dr.'s Name \_\_\_\_\_

### **Do not expose waxed skin to sun/indoor tanning for 24 hours following the waxing service.**

BY WITHHOLDING ANY OF THE ABOVE INFORMATION FROM MY ESTHETICIAN, I UNDERSTAND THAT I AM ACCEPTING ANY SKIN REACTIONS THAT MAY OCCUR AS A RESULT OF THE WAXING SERVICE.

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