

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 me? Yelp Insta Facebook Google Referred By _____

I consent to appear in before/after pictures that may be used for social media: Yes / No.

I would like to be tagged on IG @ _____

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

Please indicate if you have or are prone to the following conditions, especially for the area(s) being waxed) Check all that apply:

Bleeding disorder Cold Sore/Herpes Virus Latex/Latex Powder Allergy

Any other skin condition (please explain):

Please indicate if you have used any of the following within the last month. Check all that apply:

Retin-A/Retinol Cream Glycolic Acids (AHA's) Accutane Benzoyl Peroxide (Proactive / Oxy)
 Cortisone Cream Tetracycline Antibiotics Blood Thinners Aspirin therapy Chemotherapy

Please let us know if you are taking any other medication(s) that may make your skin more sensitive, delicate, or prone bleeding: YES NO

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

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 _____