

# CLIENT INFORMATION & CONSENT-WAXING



Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Have you used any Alpha Hydroxy Acid (AHA) or glycolic products in the past 48-72 hours?  No  Yes

Do you have any known allergies to any skin care products or ingredients?  No  Yes Please explain: \_\_\_\_\_

What is your menstrual cycle due date? \_\_\_\_\_

(Always allow five days for menstrual cycle. Because of water retention and for your own personal comfort, you should avoid hair removal two days before your cycle is due and two days after it is completed.)

Please note that waxing does have certain side effects such as skin removal, redness, swelling, tenderness, etc.

I have read the above information and if I have any concerns, I will address these with my skin therapist. I give permission to my therapist to perform the waxing procedure we have discussed and will hold her and her staff harmless from any liability that may result from this treatment. I have given an accurate account of the questions asked above including all known allergies.

Client Name (signature) \_\_\_\_\_ Date \_\_\_\_\_