



WAXING TREATMENT

Client Intake

GENERAL INFORMATION

Name: Date:

Date of birth: Age: Female Male NB

Address:

City: State: Zip:

Phone: Email:

MEDICAL HISTORY

Please check any that condition that apply to you:

- Cold sores/Fever
- Aids/HIV
- Hepatitis
- Blisters
- Cancer
- Eczema/Psoriasis
- Skin irritation
- Herpes
- Diabetes
- Varicose Veins

If you have checked any of the above, please describe:

Any other conditions?

Any known allergies?

Please List any medications, you take regularly:

Are you pregnant or nursing? Yes No

(Female clients) When is your next menstrual cycle due to begin?

(Always allow for a five-day menstrual cycle. Because of water retention and for your comfort, you should avoid hair removal two days before and two days after your cycle.)

Have you had any recent surgeries or medical procedures? Yes No, If yes, please describe:

.....



WAXING TREATMENT

Client Intake

Do you have any tendencies to:

- Ingrown hair Bumps Bruising Scarring Hyperpigmentation

What Service would you like to perform today?

- | | | |
|----------------------------------|-------------------------------------|----------------------------------|
| <input type="radio"/> Full Legs | <input type="radio"/> Lip | <input type="radio"/> Side Burns |
| <input type="radio"/> Half Legs | <input type="radio"/> Brow | <input type="radio"/> Abdomen |
| <input type="radio"/> Full Arms | <input type="radio"/> Chin | <input type="radio"/> Chest |
| <input type="radio"/> Half Arms | <input type="radio"/> Full face | <input type="radio"/> Full Body |
| <input type="radio"/> Under Arms | <input type="radio"/> Bikini | Other: |
| <input type="radio"/> Brazilian | <input type="radio"/> Back/Shoulder | |

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

Are you using Rein-a, Renova, or Accutane? No Yes

Are you using any other skin-thinning products and drugs? No Yes

Are you exposed to the sun daily? No Yes

Do you plan to spend more time in the sun soon? No Yes

Do you use a tanning bed? No Yes

Have you ever had a waxing treatment before? No Yes

Have you ever reacted to waxing? No Yes

To the best of my knowledge, I have also provided a complete account of my medical background, including any known allergies and any prescription medications or medicines I am presently using or applying topically.

Client printed Name

Client signature

Date



WAXING TREATMENT

Consent Form

I, _____, have voluntarily elected to undergo a waxing treatment at YOUR BUSINESS NAME.

I have been informed of the following:

- Waxing involves the removal of hair from the skin, which may cause redness, irritation, or discomfort.
- The use of waxing products may cause an allergic reaction.
- The esthetician will follow proper sanitation procedures and use clean and sterile tools during the waxing treatment.
- The esthetician may need to touch or be in proximity to my genital area or other sensitive areas during the waxing treatment.

I have provided the esthetician with a complete and accurate health history, including information about any medical conditions, allergies, medications, and previous adverse reactions to waxing or other hair removal methods.

I understand that it is my responsibility to inform the esthetician of any changes to my health or medical history prior to each waxing treatment.

I have been informed that there are certain medical conditions that may make waxing unsafe or inadvisable, and that the esthetician may refuse to perform the waxing treatment if they believe it is not in my best interest.

I understand that it is my responsibility to inform the esthetician if I have any medical conditions that may affect the waxing treatment.

I understand that the waxing treatment may cause temporary redness, irritation, or discomfort, and that these symptoms usually subside within a few hours to a few days.

I understand that if I experience any unusual or severe symptoms following the waxing treatment, I should contact the esthetician or seek medical attention immediately.

I have read and understand the above information and give my consent for the waxing treatment.

Client printed Name *Client signature* *Date*



WAXING TREATMENT

Patch Test Consent

I, _____, understand and agree to the following:

- A patch test is required prior to the waxing treatment to determine if I have an allergic reaction to the waxing products.
- The patch test involves applying a small amount of waxing product to a small area of my skin and waiting for a period of time to see if any allergic reaction occurs.
- If I experience any allergic reaction or irritation during the patch test, I understand that the waxing treatment cannot proceed.

I have provided the esthetician with complete and accurate information about my health history, including any medical conditions, allergies, medications, and previous adverse reactions to waxing or other hair removal methods.

I understand that it is my responsibility to inform the esthetician of any changes to my health or medical history prior to each waxing treatment.

I understand that the patch test is for my safety and protection and that I may experience temporary redness, irritation, or discomfort.

I hereby release and hold harmless to YOUR BUSINESS NAME from any and all claims, demands, damages, or liabilities arising out of or in connection with the patch test or waxing treatment, including but not limited to claims for personal injury, illness, or property damage.

I have read and understand the above information and give my consent for the patch test

Client printed Name

Client signature

Date



WAXING TREATMENT

Aftercare Advice



Avoid direct sunlight and tanning beds for at least 24 hours after the waxing treatment.



Avoid taking hot showers, baths, or saunas for at least 24 hours after the waxing treatment.



Avoid wearing tight clothing or underwear that may irritate the waxed area for at least 24 hours after the waxing treatment.



Do not apply any creams, lotions, or perfumes to the waxed area for at least 24 hours after the waxing treatment.



Avoid swimming or any activities that may cause excessive sweating for at least 24 hours after the waxing treatment.



Gently exfoliate the waxed area starting three days after the waxing treatment to prevent ingrown hairs. Use a gentle exfoliating scrub or a loofah sponge.



Apply a soothing and moisturizing cream or lotion to the waxed area daily after the first 24 hours to keep the skin hydrated and prevent any irritation.



Avoid scratching or picking at the waxed area as this can cause irritation, ingrown hairs, and infection.



If you experience any redness, irritation, or discomfort after the waxing treatment, apply a cold compress or aloe vera gel to the affected area. If the symptoms persist, consult with your esthetician or a healthcare professional.