



SALON & SPA
Believe • Beyond • Be You

Date: _____

Male Female

CLIENT INTAKE FORM - WAXING

Name _____ Date of Birth _____

Address _____ City _____

State _____ Zip _____ Email _____

Phone _____ Referral _____

Emergency Contact _____ EC Phone _____

Physician _____ Health Insurance Carrier _____

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

Are you using (or have you ever used) Retin-A, Renova or Accutane? Yes No

Are you using any other skin thinning products and/or drugs that thin the blood? Yes No

Are you exposed to the sun/tanning beds on a daily basis? Yes No

Are you diabetic? Yes No

Do you bruise easily? Yes No

Do you have any allergies? If so, please list: _____

Are you currently taking medications? If so, please list: _____

When is your menstrual cycle due? We ask this because you are more sensitive to waxing just before your period.

In _____ days / weeks / months (circle one)

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

I have read the above information and have given an accurate account of the questions. If I have any concerns, I will address these with my esthetician before the service. I give permission to my esthetician to perform the waxing procedure we have discussed and will not hold the esthetician nor b Salon & Spa accountable for any liability that may result from this treatment. I understand that my esthetician will take every precaution to minimize or eliminate negative reactions as much as possible.

Client Signature _____ Date _____

Consent to Treatment of Minor: By signature below, I hereby authorize b Salon & Spa to Administer massage, body-work or facial to my child or dependent as they deem necessary.

Signature of Parent or Guardian _____ Date _____

