



SALON & SPA
Believe • Beyond • Be You

Date: _____

Male Female

CLIENT INTAKE FORM - THREADING

Name _____ Date of Birth _____

Address _____ City _____

State _____ Zip _____ Email _____

Phone _____ Referral _____

Emergency Contact _____ EC Phone _____

Physician _____ Health Insurance Carrier _____

Are you taking oral contraception? Yes No

Are you pregnant and seeing changes in your skin? Yes No

Do you have any irritation around the areas that you'd like to get threaded? Yes No

Do you have any ingrown hairs around the areas that you'd like to get threaded? Yes No

Do you have sensitive skin? 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: _____

Please note that threading 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 threading 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, bodywork or facial to my child or dependent as they deem necessary.

Signature of Parent or Guardian _____ Date _____

