

Waxing Client Information & Consent

Confidential client screening • Please complete before your waxing service.

Client Information

Client full name: _____

Preferred phone number: _____

Address (optional): _____

City: _____ State / ZIP: _____

Waxing Safety Screening

Please mark one answer for each question. If you answer YES, provide details where requested.

	NO	YES
1. Have you used alpha hydroxy acid (AHA) or glycolic products within the past 48-72 hours?	☐	☐
2. Are you currently using Retin-A, Renova, or Accutane?	☐	☐
3. Are you using any other products or medications that may thin or sensitize your skin?	☐	☐
4. Are you exposed to sun daily or planning substantial sun exposure soon?	☐	☐
5. Do you use a tanning bed?	☐	☐
6. Are you diabetic?	☐	☐
7. Are you currently taking medications? List prescription, over-the-counter, and herbal products.		
8. Which skin-care products do you regularly apply?		
9. Have you previously been treated for cancer? If yes, please describe when and the treatments received.		
10. List other conditions currently under medical treatment that may affect waxing.		
11. Menstrual cycle due date (if relevant to your treatment):		

Date (optional): _____

Original studio guidance: Allow five days for your menstrual cycle. Due to water retention and comfort, avoid hair removal two days before your cycle and two days after it ends.

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Continued • Review and sign before treatment

Treatment Disclosure & Consent

Please note: Waxing can have 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 or prescription drugs or products I am currently ingesting or using topically. I understand my esthetician will take every precaution to minimize or eliminate negative reactions as much as possible.

☐ I have read and understand the statement above.

I have read and understand the post-treatment home care instructions. I am willing to follow recommendations made by my esthetician for a home care regimen that can minimize or eliminate possible negative reactions. In the event that I may have additional questions or concerns regarding my treatment or suggested home product / post-treatment care, I will consult the esthetician immediately.

☐ I have read and understand the statement above.

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand the procedure and accept the risks. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

☐ I have read and understand the statement above.

Client & Esthetician Signatures

Client name (printed):

Client signature:

Date:

Esthetician signature:

Date:
