

# WAXING CONSENT FORM

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

- How often do you have waxing done? \_\_\_\_\_
- Have you ever had a reaction to a waxing service? YES NO  
- If yes, please describe: \_\_\_\_\_
- Do you have any tendencies to:
  - Ingrown hair YES NO
  - Scarring YES NO
  - Bumps YES NO
  - Hyperpigmentation YES NO
  - Bruising YES NO
- Are you allergic to anything? YES NO  
- If yes, please describe: \_\_\_\_\_
- Have you received Botox treatments in the last 72 hours? YES NO
- Have you been or will you be in the sun and/or tanning bed within 24 hours of this treatment? YES NO
- Are you using or taking:
  - Accutane or Tetracycline YES NO
  - Retinoids such as Retin-A, Renova or Differin YES NO
  - AHA/Alpha-Hydroxy Acid YES NO
  - BHA/Beta-Hydroxy Acid YES NO
  - Glycolic Acid YES NO
  - Any other medications: \_\_\_\_\_
- Are you currently pregnant? YES NO
- Do you have Diabetes, Phlebitis or any skin irritations? YES NO
- Is your skin dry? YES NO

I have been advised the service(s) provided to me by this salon could have unfavorable results including, but not limited to: allergic reaction, irritation, burning, redness, soreness, ect. I am aware that certain medications and over the counter products can significantly increase the risk of injury when combined with skin care services. I understand that Indulge Studios & Skin Center does not recommend skin care services for customers using Retin-A, Acutane and products contacting alpha hydroxyl, or any other skin thinning treatments. I hereby confirm that I am not using any medications that may cause or contribute to such injury/reaction, and I will advise my esthetician should I use any such medications in the future. I understand there are often inherent risks associated with skin care services, and I agree that as a condition of providing these services on an on going basis, I will not hold Indulge Studios & Skin Center and Esthetician liable.

CLIENT - Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ESTHETICIAN - Signature: \_\_\_\_\_ Date: \_\_\_\_\_