

## Client Information and Consent – WAXING

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Referred by: \_\_\_\_\_

Birthday: \_\_\_\_\_

(For yearly birthday specials)

- Have you used any Alpha Hydroxy Acid (AHA) or glycolic procedures in the past 48-72 hours? **Yes No**
- Are you using Retin- A, Renova, or Accutane (an oral form of Retin- A)? **Yes No**
- Are you using any other skin thinning products and/ or drugs? **Yes No**
- Do you use a tanning bed? **Yes No**
- Are you diabetic? **Yes No**
- Are you currently taking medications? **Yes No**

(If yes, please describe) \_\_\_\_\_

- Please list any allergies: \_\_\_\_\_

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### **Please note that waxing does have certain side effects such as skin removal, redness, swelling, tenderness, ect.**

I have read the above information and if I have any concerns, I will address these with my esthetician. I give permission to my esthetician & Beginnings Salon & Day Spa to perform the waxing procedure we have discussed and will hold my esthetician and Beginnings Salon & Day Spa 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 that my esthetician will take every precaution to minimize or eliminate negative reactions as much as possible.

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 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 that 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, or Beginnings Salon & Day Spa 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.

Client Name (printed) \_\_\_\_\_

Client Name (signature) \_\_\_\_\_ Date \_\_\_\_\_

Esthetician \_\_\_\_\_ Date \_\_\_\_\_