



Client Information and Consent for Waxing Services

Name: _____ **DOB:** _____

Skincare Routine (Check all that apply)

- Exfoliants Scrubs
- Products containing Alpha Hydroxy Acids or Glycolic Acid within 48-72 hours
- Topical Prescription Skincare: Retin-A, Retinol, Hydroquinone
- UV exposure within 24-48 hours/ Use tanning bed/booth
- Past Adverse Reactions to waxing (Burns, Pulled Skin, Bruising, Breakouts)
- Other: _____

Allergies: _____

- ❖ **(Female Clients)** Waxing near or while menstrual cycle may cause additional sensitivities, irritation, or bruising. It is recommended to give 2-3 days before/after cycle is completed. Although it is up to you and we can still provide waxing during this time. Just advise your Esthetician so we can make any adjustments

Please note that waxing may have side effects such as skin removal (pulling), redness, breakouts, burning, swelling, tenderness, bruising, etc.

I give permission to my Esthetician to perform the waxing procedure we have discussed and will hold him/her harmless from any liability that may result from this treatment. I have given an accurate account of the questions asked including allergies or prescription drugs or products I am currently ingesting or using topically. I understand that my Esthetician will take all precaution to minimize or eliminate negative reactions as much as possible. I have read, understand, and am willing to follow the post-treatment home care instructions. In the event I have additional questions or concerns regarding my treatment or home post-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 do not hold the Esthetician or Vein and Body Specialist, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of service, which may be effected by this treatment performed today.

I have read the above information and understand it. The treatment as well as potential benefits, risks, and alternatives have been explained to me by my Esthetician and I have had all my related questions satisfactory answered by my Esthetician. I hereby freely consent to the treatment and accept the risks and possible complications of such treatment.

Client Name (printed): _____ **Date/Time:** _____

Client Name (signature): _____

Esthetician: _____ **Date/Time:** _____