Waxing Release Form

Client:	Date:
Address:	
Birthday:	Email:
How did you hear about us?	
Have you been waxed before? \	//N What areas?
Any problems?	
	or use products that contain the following: (please circle) edication treatment course for a minimum of one (1) year prior to waxing surfaces) Glycolic, Lactic or Salicylic Acid Hydroquinone Topical Cortisone
If so, how long ago?	, , , , , , , , , , , , , , , , , , ,
	lucts or medications for acne or aging? If so, please list: (note: any anting pro-active must be stopped seven (7) days prior to waxing surfaces)
Have you had any of the followir	ng procedures? (Please circle)
Chemical Peel Laser Resurfacing R	emoval of Skin Cancer Microdermabrasion Any Other Major Exfoliation Procedures
If so, how long ago and what are	as?
Do you currently have any of the	following? (Check all that apply)
DiabetesDermal Abrasid	onsWartsHigh Blood Pressure
Poor CirculationEdema _	Recent Scar TissueVaricose veins/Phlebitis
SunburnPregnancy E	pilepsy Undiagnosed Lumps/Bumps

List any medication or supplements you are tak	king:
Any known allergies?	
Have you had any recent sun or tanning bed ex	cposure? Y/N When?
problems associated with this waxing procedur well as ultraviolet rays (sun/ tanning bed) for at that I am responsible for any trauma and /or ar may experience from the service known as wax	nd have advised my waxing technician of any potential re. I know not to expose my skin to exfoliating products as t least 48 hours after my waxing service. I understand my reactions (scabbing, redness, bruising or pimples) that king. I also understand that if I expose my skin to any I am accepting responsibility for my skin's reaction as nen waxing.
Client Signature	Date
Parent Signature	Date
Licensed Esthetician	Date
Esthetic	ian's Notes