

client name: _____

client address: _____

apt/unit: _____

city: _____

state: _____

zip: _____

email: _____

telephone: home _____

cell _____

birthday: _____

under21

21-30

31-40

41-50

51-60

60+

referred by: _____

Please answer the following questions:

- 1 Do you use Retin-A, Differin, Renova, or Accutane? yes no
- 2 Have you use any Alpha Hydroxy Acid (AHA) or glycolic products in the last three days? yes no
- 3 Do you use any other topical skin thinning products/drugs? yes no
If so, please list: _____
- 4 Do you use a tanning bed? yes no
- 5 Are you diabetic? yes no
- 6 Are you currently taking any medication? yes no
If so, please list all: _____
- 7 Do you have high blood pressure? yes no
- 8 Do you currently have or have you had any of the following health conditions? If so, please check: yes no
 AIDS/HIV Cold Sores Eczema Hepatitis (A, B, C)
 Herpes Varicose Veins Psoriasis Cancer
- 9 Have you been waxed before? yes no
- 10 Have you ever had a bad waxing experience? yes no
- 11 If so, please explain: _____

WARNING: If you are using any of the following prescription medication, you CANNOT be waxed today.

Accutane	Adapalene	Avage	Avita
Retin A	Renova A	lustra	Isotretinoin
Differin	Tazarac	Tazarotene	Tretinoin

CAUTION: Thin, sensitive skin is more vulnerable to lifting and sensitivity during waxing. The following products and conditions can make skin more sensitive.

- Other acne medication not listed above
- Exfolients (Glycolic, Latic, Salicylic) and topical scrubs
- Retinol
- Oral or topical antibiotics
- Sunburn, overexposed or sun damaged skin
- Pregnancy and menstruation (can cause extra sensitivity, although safe to wax)

Please read and initial the following statements:

I understand that if I begin use of ANY of the products listed above and do not inform my esthetician prior to any current or future treatment, I accept full responsibility for any skin reactions. _____

I understand that some redness, sensitivity, minor itching, and bumps are normal and may occur from my waxing treatment. _____

I have thoroughly read and answered the questions above honestly and to the best of my ability.

signature: _____

date: _____