



Client Information and Consent - Waxing

Name: _____ Date of Birth: _____

Have you used any Alpha-Hydroxy Acid (AHA) or glycolic products in the past 48-72 hours? Yes__ No__
Are you using Retin-A, Accutane (an oral form of Retin-A), or Renova? Yes__ No__
Are you using any other skin thinning products and/or drugs? Yes__ No__
Are you exposed to the sun on a daily basis or are you considering spending more time in the sun soon?
Yes__ No__
Do you use a tanning bed? Yes__ No__
Are you a diabetic? Yes__ No__
Are you currently taking any medications? Yes__ No__ If yes, please list medications:

What skin products do you usually use on the skin?

Have you ever been treated for cancer? If yes, please describe what treatments were given and when:

Are you currently being treated for any illness or condition by a medical professional? If yes, please explain:

When is your menstrual cycle due date? _____

(Always allow five days for menstrual cycle. Because of water retention and for your own personal comfort, you should avoid hair removal two days before your cycle and two days after it is completed.)

I understand that, following the waxing procedure, I should: Apply sun block with an SPF of at least 30; Avoid the use of a loofa or anything else abrasive on the waxed area; Avoid saunas, steam rooms, hot showers, Jacuzzis, or other heat sources; Avoid application of Retin-A, Renova, or AHA products for 48 hours.

I have read the above information and if I have any concerns, I will address these with my skin therapist. I give permission to my therapist to perform the waxing procedure we have discussed and will hold her and Afterglow 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 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 the above 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, or Afterglow 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.

Signature: _____ Date: _____