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**Client Information & Consent- The Wax Bar** Are you Military? \_\_\_ No \_\_\_ Yes

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Phone Number to Reach you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was the last time you shaved the area being waxed?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Have you been waxed before? \_\_\_\_No \_\_\_\_Yes

What area is being waxed today? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*CONTRAINDICATIONS\***

Have you used any anti-aging products that contain Alpha Hydroxy Acid (AHA) or Glycolic Acid in the past 48-72 Hours? \_\_\_ No \_\_\_ Yes

Are you using Retin-A or Renova on the area being waxed today? \_\_\_ No \_\_\_ Yes

Are you using Accutane? \_\_\_ No \_\_\_ Yes (Must be off Accutane for a minimum of 6 months prior to waxing)

Are you using any other skin thinning products, drugs or procedures? \_\_\_ No \_\_\_ Yes (If yes, please discuss with your waxer)

Are you exposed to the sun on a daily basis, use a tanning bed, or will be spending more time in the sun soon? \_\_\_ No \_\_\_ Yes

Do you have tendencies towards: Bruising\_\_No\_\_Yes Scarring\_\_No\_\_Yes Hyperpigmentation\_\_No\_\_Yes Ingrown Hair\_\_No\_\_Yes

**MEDICAL DATA: Do you have any of the following?**

Diabetes\_\_\_No \_\_\_Yes Insulin Dependant \_\_\_ No \_\_\_Yes Herpes? \_\_\_ No \_\_\_ Yes MRSA? \_\_\_ No \_\_\_Yes

\*If you answered yes to any of the previous questions, The Wax Bar may require a note from your doctor to perform treatment.

Are you currently taking any medications? If so, please list all (including prescription, over the counter drugs & herbal supplements)

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Please list any other illnesses/medical conditions you are currently being treated for by a medical professional:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Texas Department of Regulations states that a licensee may not perform services on a client if the licensee has reason to believe the client has a contagious condition, inflamed, infected, broken, raised or swollen skin or an open wound or sore in the area to be serviced. The Wax Bar employees reserve the right to refuse service if they believe the condition of the skin being treated may be compromised or may become compromised during service.

The Wax Bar reserves the right to refuse/ terminate service to any client for inappropriate conduct or language. Such actions will result in immediate termination of service and all future services.

**\*TURN OVER\***

**Please note, waxing can result in skin removal, redness, swelling, tenderness, & hyperpigmentation.**

I have read the above information & if I have any concerns, I will address these with my waxer. I give permission to my waxer to perform the waxing procedure we have discussed & will hold my waxer & their staff 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 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 Wax Bar immediately. I agree that this constitutes full disclosure & that it supersedes any previous verbal or written disclosures. I certify that I have read, & fully understand the above paragraphs & 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 is below, or The Wax Bar 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 treatment performed today.

Client Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name (Signed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Esthetician (Signed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that I have reviewed all information previously given in this questionnaire, & that no changes have occurred

in my history, medications, skin care routine.