

The Waxing Suite

Pre-Treatment Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: _____

How often do you have waxing done? _____

Have you ever had a reaction to a waxing service? _____ Yes No

Are you allergic to anything? _____ Yes No

Are you on any medications? _____ Yes No

Have you been or will you be in the sun or tanning bed within 24 hours of this treatment? Yes No

Have you received any dermabrasion treatment? _____ Yes No

Have you received botox® treatments in the last 72 hours? Yes No

Are you using retin-a®, accutane®, Renova, alpha hydroxy acid, glycolic, tetracycline or any other acne/skin medications in the past 48-72 hours? Yes No

Do you bruise easily? Yes No

Are you pregnant? If so, please indicate your due date: _____ Yes No

Do you have diabetes, phlebitis or any skin irritations? Yes No

I am over 18 years of age or I have a parental consent co-signed below Yes No

When is your menstrual cycle due? _____

Please note that waxing does have certain side effects such as skin removal, redness, swelling, tenderness, irritation, burning, soreness, etc.

I give permission to my esthetician to perform the waxing procedure and will hold The Waxing Suite harmless from any liability that may result from this treatment. I have given accurate account of the questions asked above including all known allergies or prescription drugs or products I am currently ingesting or using topically. I will advise my esthetician should I use any such medication in the future. 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 understand the procedure and accept the risks. I do not hold the esthetician responsible for any of my conditions that were present, but not disclosed at the time of this waxing procedure, which may be affected by the treatment performed today.

Signature: _____ Date: _____

If minor, signature of guardian required: _____ Date: _____