



Confidential Client Intake Form  
Waxing

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How often do you have waxing done? \_\_\_\_\_

Have you ever had a reaction to a waxing service? \_\_\_\_\_

Are you allergic to anything? \_\_\_\_\_

Are you on any medications? \_\_\_\_\_  
If so please describe: \_\_\_\_\_

Do you currently have your period? (for Brazilian waxing) \_\_\_\_\_

Have you been or will you be in the sun (or tanning bed) within 24 hours of this treatment? \_\_\_\_\_

Have you received any microdermabrasion or chemical peel treatments? \_\_\_\_\_

Have you received Botox treatments in the last 72 hours? \_\_\_\_\_

Are you using Retin-A, Accutane, Alpha Hydroxy, Tetracycline or any other acne/skin medications? \_\_\_\_\_

Is your skin dry? \_\_\_\_\_

Are you pregnant? \_\_\_\_\_

Do you have diabetes, phlebitis or skin irritation? \_\_\_\_\_

Is there anything we need to know about you, in order to service your needs better? \_\_\_\_\_

Release of Liability

I have been advised that the service(s) provided to me by this salon could have unfavorable results including, but not limited to: allergic reaction, irritation, burning, redness, soreness, etc. I am aware that certain medications and over-the-counter products can significantly increase the risk of injury when combined with skin care services. I understand that this salon does not recommend waxing services for customers using Retin-A®, Accutane®, products containing Alpha Hydroxy®, or any other skin thinning treatments. I hereby confirm that I am not using any medication that may cause or contribute to any such injury/reaction, and I will advise my esthetician should I use any such medication in the future. I understand that there are often inherent risks associated with skin care services, and I agree that as a condition of providing these services on an ongoing basis, I will not hold responsible, anyone in this salon, should there be any unfavorable outcome or result.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_