

Client Consultation – Waxing

Name: _____ Date of Consult: _____

Address: _____ Date of Birth _____ Sex _____

City: _____ State _____ Zip _____

Tel: _____ Email _____

please note that clients under the age of 18 must have parental consent prior to treatment.

Have you ever been treated for any of the following conditions? (Check all that apply.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Acne | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Keloid Formation |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Skin Cancer |
| <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Herpes | <input type="checkbox"/> Stomach Ulcers |
| <input type="checkbox"/> Burns/Skin Grafts | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Thyroid Problems |
| <input type="checkbox"/> Cancer (radia/chemo) | <input type="checkbox"/> Hirsutism | <input type="checkbox"/> Varicose Veins |
| <input type="checkbox"/> Dermal Abrasions | <input type="checkbox"/> Hormonal Imbalance | <input type="checkbox"/> Vitiligo |

Are you currently under the care of a dermatologist or any other doctor? _____ Please explain:

Are you being treated for any other chronic condition not listed above? _____ If yes, please explain:

Allergies? _____ Please list: _____

Are you using any medications, topical or oral, including Accutane, Retin A, Differin, Benzoyl Peroxide, Cortisone Cream, Metrogel, Antibiotics, Tetracycline, Glycolic Acid, Alpha or Beta Hydroxy? Please explain:

Skin Sensitivity? _____ Please explain: _____

Possibility of being pregnant? _____ Any metal objects (pins, plates, piercings?) _____ Please explain:

Please indicate date of most recent:

Tanning (Sun) _____ (Bed) _____ Chem Peel _____ Waxing _____ Laser _____ Microdermabrasion _____

DO NOT EXPOSE SKIN TO SUN / INDOOR TANNING FOR AT LEAST 48 HOURS AFTER SERVICE

Signature: _____ Date: _____

do not write below this line.=====

REMARKS: _____

Initials _____