



Confidential Waxing Intake Form

Name _____ Phone _____

Address _____

Email _____ Date of Birth _____

Referred by _____

Are you taking medication? (If so, describe) _____

Are you taking Retin A, Renvoa, Differerin, Accutane or any other product prescribed by a dermatologist? _____

Are you taking medication? (If so, describe) _____

Do you have any medical conditions? (If so, describe) _____

Known allergies (including iodine, seafood, and/or fruit) _____

Do you have a history of or are you experiencing any of the following?

___ Sunburn ___ irritated skin rash ___ open cuts/bruises ___ diabetes ___ active herpes ___ suspicious growths ___
phlebitis ___ metal plates of any kind

Are you pregnant? _____

***Note: Please inform your care provider of any products you may be using to avoid irritation or reaction. Waxing may cause bruising and or irritation.**

Are you interested in our Series Savings Program? If so, please choose a series package below:

___ Purchase a Series of 5 Services & Get 1 FREE!

___ Purchase a Series of 20 Services & Get 5 FREE!

___ Purchase a Series of 10 Services & Get 2 FREE!

The more you buy the more you save!

I am aware that I should not use any products that are not specifically advised for 48 hours after any service of skincare treatment.

Signature _____ Date _____