

5 Elements Wax Consultation Form

Name _____ Date ____/____/____

Address _____ City _____ State _____

Phone (____) _____ - _____ Best way to remind you of your appt: **CALL / TEXT / EMAIL** DOB ____/____/____

Email _____ Would you like to receive special offers via email? Y / N

How did you hear about us? **AD / INT / REF** Name: _____

What body part are we waxing today? _____

When did you last shave or trim? _____ Have you been waxed before? **YES / NO** When? _____

Do you have any tendencies towards:

Ingrown hair **YES / NO**

Hyperpigmentation **YES / NO**

Eczema **YES / NO**

Break outs **YES / NO**

Bruising **YES / NO**

Psoriasis **YES / NO**

Bumps **YES / NO**

Scarring **YES / NO**

Are you currently using or taking:

Isotretinoin/Accutane **YES / NO**

Resorcinol **YES / NO**

Indoor Tanning **YES / NO**

RetinA **YES / NO**

Glycolic Acid **YES / NO**

Self Tanners **YES / NO**

Alpha-hydroxy Acid **YES / NO**

Any Scrubs or Peels **YES / NO**

Medical Data

Herpes Virus **YES / NO**

Staph/MRSA **YES / NO**

Allergies **YES / NO**

List: _____

Other information _____

Waxing may cause: Bruises, scabs, scarring, redness, hyperpigmentation, pimples or a flare up of any of the above mentioned conditions/responses. Waxing of soft tissue may cause the skin to tear resulting in the need for stitches. (Most common occurrence is in Brazilian Bikini waxes, male or female)

I understand that if I have herpes or Staph/MRSA, I may experience an outbreak after the waxing service. The professional has explained the best way minimize or prevent an outbreak when waxing regularly

I understand I may carry Herpes and/or Staph/MRSA without any physical symptoms or a medical diagnosis. I also understand the waxing service does not allow the opportunity to contract these conditions from my technician

I understand all of the above mentioned reactions. I also understand if I change my skin care routine or medications I must inform the professional PRIOR to any service in the future.

I understand that I must be showered and prepared for my service.

By signing below, you agree to the following:

I have completed this form to the best of my ability and knowledge and agree to inform the technician of any changes in the above information. I have been informed of and understand the contraindications to the requested treatments and agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform the technician of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly. I agree to waive all liabilities toward my technician and the employer for any injury or damages incurred due to any misrepresentation of my health history.

Print Name

Sign Name

Date