

WAXING INTAKE FORM

Today's Date: _____

Name: _____ D.O.B _____

Address: _____

City: _____ State: _____ Zip: _____

Best contact phone #: _____ Would you like a text reminder: ☐ Yes ☐ No

Email: _____ Your Occupation: _____

Referred by: _____

Is this your first waxing service? ☐ Yes ☐ No If no, what have you waxed: _____

Do you or have you experienced: ☐ Ingrown hairs ☐ scarring ☐ herpes virus ☐ cold sores
☐ fever blisters ☐ bruising ☐ hyper-pigmentation ☐ excessively dry skin ☐ allergies (if yes what)

Are you currently using, taking or getting off of the following (check all that apply):

Accutane ☐ Yes ☐ No If yes, when and for how long? _____

Retin-A, Retin-A Micro ☐ Yes ☐ No If yes, for how long? _____

☐ AHA/Glycolic Acids ☐ Antibiotics ☐ Differin ☐ Avage ☐ Resorcinol ☐ Retinol ☐ Renova

☐ Tazarac ☐ Avita ☐ Azelex ☐ Differin ☐ Avage ☐ Benzoyl Peroxide ☐ Salicylic Acids

☐ Scrub or Peel of any kind in the area we are waxing

☐ Blood thinners (Coumadin, Warfarin, Aggrenox, Heparin, Lovenox, Plavix) ☐ Prednisone

☐ Fillers (Botox/Restylane/Collagen, etc.) Date: _____ (Wait 2 weeks before waxing)

Are you currently taking any other medications: ☐ Yes ☐ No If yes, please list them _____

Are you currently undergoing treatment for cancer: ☐ Yes ☐ No If yes, what type: _____

Are you currently using a tanning bed or laying out in the sun: ☐ Yes ☐ No

Waxing may cause bruises, scabs, scarring, redness, hyper-pigmentation or pimples. If you have herpes, waxing may cause an outbreak. Answering these questions truthfully will help your technician in providing the safest possible waxing treatment. Your signature below attests that you have read and truthfully answered the above questions.

Client Signature _____ Date _____

Parent or Guardian Signature (if under 18 years of age) _____ Date _____