

Wax Questionnaire

Today's Date _____

Birthday _____

Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone (_____) _____

email _____

What is your occupation? _____

How did you hear about us? _____

What body part are we waxing today? _____

When did you last shave? _____

How often do you shave? _____

Do you have any tendencies to:

- Ingrown hair ____yes ____no
- Scarring ____yes ____no
- Bumps ____yes ____no
- Herpes Virus ____yes ____no

Hyperpigmentation ____yes ____no
Bruising ____yes ____no
Allergies ____yes ____no
If yes, what _____

Are you currently using or taking:

- Accutane ____yes ____no
- Retin-A ____yes ____no
- Alpha-hydroxy Acid ____yes ____no
- Any other medication? _____
- Resorcinol ____yes ____no
- Glycolic Acid ____yes ____no
- Scrub or Peel of any kind ____yes ____no

Waxing may cause: Bruises, scabs, scarring, redness, hyperpigmentation or pimples.

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.)

New use of the products discussed increases the possibility of a reaction, so if started the esthetician must be informed before the next wax appointment starts.

I understand all of the above mentioned reactions.

Esthetician Signature

Date

Client Signature

Date