

DATE _____ **NC TEACHING SPA - WAXING CONSULTATION**

Client Information

Client Name:	<table style="width: 100%; border: none;"> <tr> <td style="border: none;"> Esthetician to complete: Did you review the Health History form with client? If yes, check here. </td> <td style="border: none; text-align: right;"> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th </td> </tr> </table>	Esthetician to complete: Did you review the Health History form with client? If yes, check here.	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th
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General Health History/Contraindications/Cautionary Conditions

Please check if you experience the following conditions (Y- Yes, N- No). Please give details where necessary.

	Y	N	Provide Details
Have you been in a tanning bed within the last 48 hours?	<input type="checkbox"/>	<input type="checkbox"/>	
Sunburn	<input type="checkbox"/>	<input type="checkbox"/>	
Rosacea/Very Sensitive Skin	<input type="checkbox"/>	<input type="checkbox"/>	
Recent Botox/Collagen Injections	<input type="checkbox"/>	<input type="checkbox"/>	
Cosmetic/Reconstructive Surgery	<input type="checkbox"/>	<input type="checkbox"/>	
Fragile Capillaries/Varicose Veins	<input type="checkbox"/>	<input type="checkbox"/>	
Phlebitis/Swelling - Lower Legs	<input type="checkbox"/>	<input type="checkbox"/>	
Blood Thinning Medications	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever had:	<input type="checkbox"/>	<input type="checkbox"/>	Circle all that apply Laser Treatments Chemical Peels Comment
Do you use any products that contain the following:	<input type="checkbox"/>	<input type="checkbox"/>	Circle all that apply Retin-A Renova Differin Glycolic Acid/AHA Salicylic Acid Topical Cortisone Benzoyl Peroxide Comment
Have you ever had any adverse reactions to waxing?	<input type="checkbox"/>	<input type="checkbox"/>	Please explain:
Menstruation and birth control medication will often make an individual more sensitive to many types of hair removal.			
Are you menstruating or within one week of menstruating?	<input type="checkbox"/>	<input type="checkbox"/>	

After Care and Recommendations

Esthetician review and check each point to ensure client understand these recommendations.

	Y	N
Apply a sunblock with an SPF of at least 15	<input type="checkbox"/>	<input type="checkbox"/>
Avoid use of loofah or other abrasives to the waxed area (within 24 hours)	<input type="checkbox"/>	<input type="checkbox"/>
Avoid sauna, steam room, whirlpool bath or other heat source (for 24 hours)	<input type="checkbox"/>	<input type="checkbox"/>
Avoid application of Retin-A, AHA product or other exfoliant product for 48 hours before and after waxing	<input type="checkbox"/>	<input type="checkbox"/>
Avoid all irritating chemicals such as chlorine pools, perfumes, fabric softeners, deodorants (for 24 hours)	<input type="checkbox"/>	<input type="checkbox"/>

Contraindications/Cautious Conditions continued

The following is a list of **contraindications** to waxing services which will make this waxing appointment inadvisable or may result in certain body areas not being waxed. Your Esthetician will review these with you prior to your treatment.

Please review/check if the client has any of the following (Y- Yes, N- No). Provide details where necessary.

	Y	N	
Broken Skin, Open cuts, Pustules or Papules	<input type="checkbox"/>	<input type="checkbox"/>	
Inflammation	<input type="checkbox"/>	<input type="checkbox"/>	
Bruises	<input type="checkbox"/>	<input type="checkbox"/>	
Suspicious Growths/Skin Tags	<input type="checkbox"/>	<input type="checkbox"/>	
Flat Moles/Raised Moles	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Comments to be noted by Esthetician:			

Acknowledgement

The hair removal procedure and after care have been thoroughly explained to me and I have had the opportunity to ask questions and receive satisfactory answers. I understand that because of certain health conditions, epilation services may not be advised. I also understand that there may be swelling or irritation in waxed areas and that this may only be a temporary condition.

Customer Signature: Date:

Esthetician Name (Print): Date:

Client Follow-up Appointment Review

2nd Esthetician Name (Print):	Date Reviewed:	Waxing Area(s) & Esthetician Comments/Observations:	Client Initials:
3rd Esthetician Name (Print):	Date Reviewed:	Waxing Area(s) & Esthetician Comments/Observations:	Client Initials:
4th Esthetician Name (Print):	Date Reviewed:	Waxing Area(s) & Esthetician Comments/Observations:	Client Initials:
5th Esthetician Name (Print):	Date Reviewed:	Waxing Area(s) & Esthetician Comments/Observations:	Client Initials:
6th Esthetician Name (Print):	Date Reviewed:	Waxing Area(s) & Esthetician Comments/Observations:	Client Initials:
7th Esthetician Name (Print):	Date Reviewed:	Waxing Area(s) & Esthetician Comments/Observations:	Client Initials:
8th Esthetician Name (Print):	Date Reviewed:	Waxing Area(s) & Esthetician Comments/Observations:	Client Initials:

