

Client Information

Client Name:

General Health History/Contraindications/Cautionary Conditions

Have you been in a tanning bed within the last 48 hours?	YES	NO
Have you ever had any adverse reactions to waxing?	YES	NO
Have you ever had and Laser Treatments or Chemical Peels?	YES	NO
Are you menstruating or within one week of menstruating?	YES	NO
Do you use any products that contain the following: Retin-A, Glycolic Acid/AHA, Salicylic Acid, Topical Cortisone, Benzoyl Peroxide? (If so please indicate which and when last used)		
Current medication/medical condition?		

To Be Completed by Esthetician

	Y	N		Y	N
Broken Skin, Open cuts, Pustules/papules			Fragile Capillaries/Varicose Veins		
Bruises			Rosacea/Very Sensitive Skin		
Suspicious Growths/Skin Tags			Blood Thinning Medication		
Flat Moles/Raised Moles			Sunburn		

Additional Comments:

After Care and Recommendations

	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th
Apply a sunblock with an SPF of at least 15												
Avoid use of loofah or other abrasives to the waxed are (within 24 hours)												
Avoid sauna, steam room, whirlpool bath or other heat source (for 24 hours)												
Avoid application of Retin-A, AHA products or other exfoliant products for 48 hours before/after waxing												
Avoid all irritating chemicals such as chlorine pools, perfumes, fabric softeners, deodorants (for 24 hours)												

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 waxes areas and that this may only be a temporary condition.

Customer Signature:	Date:
Esthetician Name (Print):	Date:

2 nd Esthetician Name (Print)	Date Reviewed:	Waxing Area (s)	Esthetician Comments/Observation/Changes	Client Initials:
Service/Product Recommendations:				
3 rd Esthetician Name (Print)	Date Reviewed:	Waxing Area (s)	Esthetician Comments/Observation/Changes	Client Initials:
Service/Product Recommendations:				
4 th Esthetician Name (Print)	Date Reviewed:	Waxing Area (s)	Esthetician Comments/Observation/Changes	Client Initials:
Service/Product Recommendations:				
5 th Esthetician Name (Print)	Date Reviewed:	Waxing Area (s)	Esthetician Comments/Observation/Changes	Client Initials:
Service/Product Recommendations:				
6 th Esthetician Name (Print)	Date Reviewed:	Waxing Area (s)	Esthetician Comments/Observation/Changes	Client Initials:
Service/Product Recommendations:				
7 th Esthetician Name (Print)	Date Reviewed:	Waxing Area (s)	Esthetician Comments/Observation/Changes	Client Initials:
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Service/Product Recommendations:				
10 th Esthetician Name (Print)	Date Reviewed:	Waxing Area (s)	Esthetician Comments/Observation/Changes	Client Initials:
Service/Product Recommendations:				
11 th Esthetician Name (Print)	Date Reviewed:	Waxing Area (s)	Esthetician Comments/Observation/Changes	Client Initials:
Service/Product Recommendations:				
12 th Esthetician Name (Print)	Date Reviewed:	Waxing Area (s)	Esthetician Comments/Observation/Changes	Client Initials:
Service/Product Recommendations:				

