



# Smooth Skin Spa

## Waxing Intake and Consent Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Email: \_\_\_\_\_

### Pre-Wax Screening Questions

Question	Yes	No
Have you used any Alpha Hydroxy Acid (AHA) or glycolic products in the past 48-72 hours?	<input type="checkbox"/>	<input type="checkbox"/>
Are you using Retin-A, Renova, or Accutane (an oral form of Retin-A)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you using any other skin-thinning products and/or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use a tanning bed?	<input type="checkbox"/>	<input type="checkbox"/>
Are you diabetic?	<input type="checkbox"/>	<input type="checkbox"/>
Are you exposed to the sun on a daily basis, or are you considering spending more time in the sun soon?	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>

**Current medications (including over-the-counter drugs and herbal supplements):**

\_\_\_\_\_  
\_\_\_\_\_

**Cancer history (if applicable):** Have you ever been treated for cancer? If yes, when and what types of therapies were used?

\_\_\_\_\_  
\_\_\_\_\_

**Allergies / skin conditions:**

\_\_\_\_\_  
\_\_\_\_\_

**Next menstrual cycle due to begin (female clients):**

\_\_\_\_\_

**Please list any piercings in the service area:**

\_\_\_\_\_



## Waxing Treatment Consent & Release

I understand that waxing may cause certain side effects, including but not limited to skin lifting, redness, swelling, tenderness, or irritation. I have read this information carefully, and if I have any questions or concerns, I will discuss them with my wax technician prior to my service.

I give permission to the wax technician to perform the waxing procedure(s) that have been discussed with me. I understand that results may vary and agree to hold the wax technician harmless from any liability that may result from this treatment when performed according to professional standards.

I certify that I have provided complete and accurate information regarding my health history, including all known allergies, medical conditions, prescription medications, and topical products I am currently using. I understand that my wax technician will take every precaution to minimize the risk of adverse reactions but cannot guarantee specific results.

I acknowledge that I have read and understand the post-treatment home care instructions. I agree to follow all aftercare recommendations provided by my wax technician to help minimize or prevent possible negative reactions. If I have any questions or concerns following my treatment, I agree to contact the wax technician promptly.

I understand that this consent constitutes full disclosure and supersedes any prior verbal or written disclosures. I confirm that I have had sufficient opportunity to ask questions and that all of my questions have been answered to my satisfaction. I understand the waxing procedure and voluntarily accept all associated risks. I agree that the wax technician providing the service is not responsible for any conditions that were present but not disclosed at the time of treatment that may be affected by the services performed today.

## Client Acknowledgement

**Name (Print):** \_\_\_\_\_

**Date:**

\_\_\_\_\_

**Signature:** \_\_\_\_\_