

Waxing Consultation Form

Client Name _____ Date: _____
Last First

If under 18, please provide your age _____

Waxing certain areas can be uncomfortable. We attempt to minimize discomfort by waxing with a professional technique. In addition, there are also steps that can be taken before the procedure, such as taking ibuprofen or other oral analgesic before the procedure. Please tell us if there is anything we can do to make your waxing experience more comfortable.

Are you currently taking Accutane?

Are you currently using Retin-A / Tretinoin / Renova / Acne Medicine?

Have you ever been waxed before today?

Have been diagnosed with diabetes?

Do you have any known allergies?

Description of allergies

Possible Complications with waxing procedures:

Sensitive skin can burn from waxing procedures. Accutane and Retin-A or Tretinoin are drying to the skin, therefore, waxing may lead to removal of skin, which may cause scarring. Waxing over sunburned or very tanned skin may lead to removal of the skin, which may cause scarring.

Diabetics have a very hard time healing when a wound or lesion occurs to the skin, as the immune system is unable to function fully to fighting bacteria. Allergies to any of the product ingredients used in waxing may cause severe allergic reaction.

I confirm (to the best of my knowledge) that the information I have provided is accurate and complete. I have not withheld any information that may be relevant to my treatment and/or the results thereof. I am aware that there are often inherent risks associated with skin care services including waxing procedures, and that the services I am about to receive could have unfavorable results including, but not limited to: allergic reaction, irritation, burning, redness, scarring, soreness, etc. By signing below, I further agree that I will not hold Skincare by Adriana or its affiliates or any of its employees responsible should there be any unfavorable outcome or result.

Client X

If under 18, Parent signature X

Parent or Guardian Consent (Must be completed for clients under the age of 18)

In consideration of ("Minor") _____ (print minor's name) being permitted by
Skincare by Adriana to participate in its services including but not limited to, skin care
services. I further agree to indemnify and hold harmless Skincare by Adriana from any
and all claims which are brought by, or on behalf of Minor, and which are in any way connected with
such services by Minor.

Signature of Parent or Guardian: _____

Print Name: _____ Date: _____
