

FACE by KC
Waxing Consultation Form

Today's Date _____ Birthday (optional) _____

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Home Phone(____) _____ Work Phone(____) _____

Cell Phone (____) _____ email _____

Have you been waxed before? ____ Here? ____ Referred by _____

When did you last shave or tweeze? _____

Known allergies: _____

Oral Medications: _____

Topical Medications: _____

Do you have any tendencies to? (circle)

Ingrown hairs	Bruising	Bumps	Hyperpigmentation	Scarring
Are you currently using or taking? (circle)			Adaptalene	
Accutane	Resorcinol	Retin-A	Glycolic Acid	Scrub or Peel
Cortaid or Cortisone Cream		Alpha(AHA's)/Beta(BHA's)Hydroxy Acid		

Are you diabetic? _____

Contraindications: Broken skin, inflammation, suspicious growths, Accutane, Retin-A, active herpes, sunburn or recent sun/tanning bed exposure.

For 24 hours following the waxing procedure, you should apply an SPF of at least 15, avoid the use of a loofah or other abrasives to the waxed area and avoid sun, sauna, steam room, tanning bed, Jacuzzi or other heat sources. You should also avoid heavy perspiring.

I understand that waxing may cause bruises, scabs, scarring, redness, hyperpigmentation or pimples and these are all possible reactions. I also understand that use of any of the above products increases the possibility of a reaction, so if I use them or start to use them, I must inform my esthetician.

Client Signature

Date