Waxing consent

About three minutes. Fill it in before your first wax.

Questions marked * need an answer.

Before your wax

Your answers are only for your therapist, so they can wax you safely. If your medication or skin changes, tell us before your next visit. Privacy policy: _____.

1. Full name *

2. Are you under 18? *

A parent or guardian signs at the end for anyone under 18.

- ◯ Yes
- ◯ No

3. Mobile *

4. Email *

5. What are we waxing today? *

- ☐ Brows
- ☐ Lip
- ☐ Chin
- ☐ Face
- ☐ Underarms
- ☐ Arms
- ☐ Legs
- ☐ Back
- ☐ Chest
- ☐ Stomach
- ☐ Bikini
- ☐ Brazilian
- ☐ Other: _____

Only if "What are we waxing today?" is Bikini or Brazilian.

Bikini and Brazilian waxing means your therapist will touch intimate areas. You can ask them to stop at any time.

6. Have you been waxed before? *

- ◯ This is my first time
- ◯ Within the last 6 weeks
- ◯ Longer ago

Your skin

7. Have you taken Accutane (isotretinoin) or a similar acne tablet in the last 6 months? *

- ◯ Yes
- ◯ No

8. Are you using a retinoid cream on the area (Retin-A, retinol, tretinoin, adapalene)? *

- ◯ Yes
- ◯ No

9. In the last 3 days, have you used acids (AHA, BHA, glycolic), scrubs, peels or benzoyl peroxide on the area? *

◯ Yes ◯ No

10. In the last 2 weeks, have you had laser, a chemical peel, microdermabrasion or Botox near the area? *

◯ Yes ◯ No

11. Are you taking antibiotics, or have you in the last month? *

◯ Yes ◯ No

12. Sunburn, or sun or a tanning bed in the last 24 hours? *

◯ Yes ◯ No

13. Do you get any of these after waxing? *

☐ Ingrown hairs ☐ Bumps or breakouts ☐ Dark marks

☐ Bruising ☐ Scarring ☐ None of these

14. Any skin condition, cut, cold sore or rash where you're being waxed? *

◯ Yes ◯ No

Health

15. Do you have diabetes? *

◯ Yes ◯ No

16. Varicose veins or phlebitis on your legs?

Only if "What are we waxing today?" is Legs.

◯ Yes ◯ No

17. Are you pregnant?

Optional. It helps your therapist plan how you lie on the bed.

◯ Yes ◯ No

18. Any allergies, including to wax, resin, pine or latex? *

◯ Yes ◯ No

19. What are you allergic to? *

Only if "Any allergies, including to wax, resin, pine or latex?" is Yes.

20. Other medication or health conditions we should know about

Consent

21. Side effects *

☐ I understand waxing can cause redness, bumps, ingrown hairs, bruising and, rarely, skin lifting.

22. Aftercare *

☐ I will follow the aftercare advice: no sun, heat, exfoliation or swimming for 24 to 48 hours.

23. My answers *

☐ My answers are true, and I'll tell you before my next wax if my medication or skin changes.

24. May we take before-and-after photos for our portfolio?

◯ Yes ◯ No

25. Parent or guardian's name *

Only if "Are you under 18?" is Yes.

26. Signature *

A parent or guardian signs for anyone under 18.

Signature

Date