

Body RESTORATION® Waxing Profile

Name _____ Address _____

City _____ State _____ Zip _____ Date of Birth _____

Email: _____ Phone(Day) _____ (Night) _____

Profession _____ How did you hear about us? _____

Have you used any Alpha Hydroxyl Acid (AHA) or glycolic products in the past 48-72 hours? No Yes

Are you using Retin-A, Renova, Accutane or any other prescription skin medications? No Yes

Are you taking antibiotics for a cold? No Yes

Are you exposed to the sun on a daily basis? No Yes

Are you considering spending more time in the sun soon? No Yes

Do you use a tanning bed? No Yes

Are you diabetic? No Yes

Are you currently taking medications? If so, please list all (including over the counter drugs/herbal supplements):

What skin products do you regularly use on your skin?

Have you ever been treated for cancer? If yes, when and what types of therapies were used?

Please list any other illness/condition you are currently being treated for by a medical professional

Female Clients: What is your menstrual cycle due date? _____

(Always allow five days for menstrual cycle. Because of water retention and for your own personal comfort, you should avoid hair removal two days before your cycle is due and two days after it is completed.)

Note: Waxing does have certain side effects such as skin removal, redness, swelling, tenderness, etc.

I have read and fully understand this agreement and all information detailed above. I understand the waxing procedure and accept the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold the esthetician responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

Client Name (signature) _____ Date _____