

Blue Creek

Wax Consultation and Consent

Name: _____

Date: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Preferred Contact # (H/W/C): _____

1. Have you been waxed before? Yes No
2. Please list all medications that you take regularly. Include hormones, vitamins, herbs, and etcetera

3. Do you have any allergies? Are you allergic to any medications? Yes No
If yes, please list allergies. _____
4. Are you pregnant or lactating? Yes No
5. Have you had any of the following procedures?
Laser resurfacing: Yes No
Light chemical peel: Yes No
Medium/heavy chemical peel: Yes (Date _____) No
6. Do you ever experience tightness or flaking of your skin? Yes No
7. Do you tan or frequent tanning booths? Yes No
8. Do you have a history of fever blisters or cold sores? Yes No

I, _____, am presently using:

- Retin-A or any other topical vitamin A.
 - Accutane or any other acne medication.
 - Any exfoliant or hydroxy-based products.
 - Any medications such as cortisone, blood thinners, or diabetic medication.
9. Any of the above are contraindicated for waxing and may result in skin irritation, peeling or hyperpigmentation. _____(initial)
 10. I understand that if I begin using any of the above products and do not inform my esthetician prior to hair removal, I am accepting full responsibility for any skin reactions. Minor redness and sensitivity is normal from waxing. Avoid sun, heat, and certain products as directed for at least 24-48 hours after waxing. _____(initial)
 11. The hair-removal process has been thoroughly explained to me, and I have had an opportunity to ask questions and receive satisfactory answers. _____(initial)

Patient Signature _____

Date _____

Esthetician Signature _____

Date _____