

SPA THERAPY WELLNESS CENTER
 1528 Plumas Court, Ste 300, Yuba City
 530-751-5166 www.YubaCitySpa.net

Waxing Questionnaire & Consent Form

Name _____	Date of Birth _____
Address _____	
City _____	State _____ Zip _____
Mobile Phone () - _____	Home Phone () - _____
Email _____	How did you hear about us? _____

What body part(s) are we waxing today? _____
 When did you last shave? _____ When is your menstrual cycle's start date? _____

***Because of water retention and for your personal comfort, avoid hair removal two days before your cycle starts and two days after.**

<p>Do you have or are you prone to?</p> <p>Ingrown Hairs <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Scarring <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Bumps <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hyperpigmentation <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Bruising <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what to? _____</p> <p>Are you diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been treated for cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Have you used any of the following in the last 48-72 hours?</p> <p>Accutane <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Retin-A <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Alpha-hydroxy Acid <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Glycolic Acid <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Resorcinol <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Scrub or Peel <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you used other skin thinning medications? If so, which? _____</p> <p>Do you use a tanning bed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Any other illness/condition you are presently being treated for by a medical professional? _____

***New use of any of the medications listed above increases the possibility of a reaction. Please inform the esthetician if you have begun taking any new medications since your last session.**

***Please note waxing does have certain side effects such as skin removal, redness, scabbing, bruising, scarring, swelling, tenderness, hyperpigmentation, and/or pimples.**

***Waxing of soft tissue may cause the skin to tear. The most common occurrence of this is in a Brazilian bikini wax.**

I have read the above information and if I had any concerns, I have addressed them with my esthetician. I give permission to my therapist to perform the waxing procedure we have discussed and will hold her and Spa Therapy harmless from any liability that may result from this treatment. I have given an accurate account of the questions asked above including all known allergies or prescription drugs or products I am currently ingesting or using topically. I understand my esthetician will take every precaution to minimize or eliminate negative reactions.

Post Treatment care Care: It is important to care for the waxed area properly after treatment to prevent ingrown hairs, breakouts, or other reactions. The following steps will give you the best results:

- Use a pumice stone or exfoliating gloves with a bath gel on the recently waxed skin to help keep the skin clear and less prone to blemishes.
- Avoid using a bar soap, because it leaves a film on the body that could cause ingrown hairs.
- For breakout zones, defined as the face, back, and chest, use a gentler exfoliant and an anti-bacterial lotion.
- Steer clear of direct sunlight and tanning booths directly after waxing, especially while the skin is still red from treatment.
- Apply only gentle moisturizers in the twenty-four hours after treatment.
- Don't use products with harsh chemicals, perfumes, or dyes.

I understand the post-treatment home care instructions. I am willing to follow the recommendations made by my esthetician for a home care regimen that can minimize or eliminate possible negative reactions. In the event that I may have additional questions or concerns regarding my treatment or suggested home product/post-treatment care, I will consult my esthetician immediately.

Client Name _____	Date _____
(Print/signature) _____	_____
Esthetician _____	Date _____