# The Day Spa Waxing Intake

The Day Spa

Full Name _____ Date of Birth _____

Address _____

_____

Email _____ Home Phone _____ Work Phone _____

Please select your preferred method of communication for future appointment confirmation:

☐ Phone ☐ Call Email ☐ Text

Referred By: _____

(Person (please list name if applicable), Billboard, Yellow Page, etc)

What body part(s) are being waxed today? _____

When did you last shave body part(s)? _____

How often to you typically shave body part(s)? _____

Have this body part(s) ever been wax before?

☐ Yes ☐ No

## Medical Record

Please check any of the following that apply to you:

☐ Varicose Veins ☐ Epilepsy ☐ Psoriasis ☐ Hypersensitivity ☐ Poor Circulation

☐ Cold Sores ☐ Skin Disease ☐ Moles ☐ Warts ☐ Sunburn

☐ Recent Scars ☐ Pregnancy

Any known allergies?

Please check all products you have used in past and /or are currently using:

☐ Retin A/Retinol ☐ Accutane ☐ Renova ☐ Differin ☐ Alpha Hydroxy Acids

☐ Hydrocortisone ☐ Acne Medication ☐ Beta Hydro Acids ☐ Peels/Scrub of any

☐ Salicylic Acid ☐ Glycolic Acid ☐ Steroids

Do you have tendencies to:

Ingrown Hair ☐ Yes ☐ No Scarring ☐ Yes ☐ No Bruising ☐ Yes ☐ No

Bumps ☐ Yes ☐ No Hyperpigmentation ☐ Yes ☐ No

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

_____

Have you ever had any problems with waxing in the past? ☐ Yes ☐ No

Do you use a tanning bed? ☐ Yes ☐ No

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

*Please note that waxing can have certain side effects including but not limited to: redness, swelling, bruising, irritation, ingrown hair, hyperpigmentation, allergic reaction etc.

☐ I _____ give permission to my therapist to perform the waxing procedure we have discussed and will hold her and her staff harmless from any liability that may result from this treatment. I also understand that use of any of the above products increases the possibility of reaction and will advise my esthetician if there are any changes to my health history. I am willing to follow recommendations made by my esthetician for a home care regimen that can minimize or eliminate possible negative reactions. I hereby confirm that by signing this form I am accepting responsibility for any reaction caused from a waxing service if I neglect to inform The Day Spa of the above information.

Signature: _____ Date: _____