



WAXING CONSULTATION

Your name: _____ Date of birth: _____

Address: _____

Telephone: _____ Email: _____

Opt in to email / text* news & offers? YES / NO *delete

Confidential - please indicate whether any of the following apply to you:

- Current medication (prescribed, over-the-counter or supplements)
- Recent scar tissue, cuts, bruises or other abrasions to area being waxed
- Any injuries or tenderness in the area to be waxed
- Urinary tract infection or STI?
- Skin disorders or infections (e.g. eczema, psoriasis, dermatitis, warts, ringworm, etc)
- Sunburn or heat allergies, hypersensitive or highly reactive skin
- Use of Roaccutane, Retin-A, Differin or other acne products in last 6 months
- Current use of AHA or BHA products (e.g. glycolic or salicylic acid, etc)
- Use of steroid creams or steroid medication in last 3 months
- Recent skin graft, dermabrasion, laser / IPL treatment or skin peel
- Varicose veins or capillary damage
- Haemophilia, circulatory disorder or heart conditions
- High / low blood pressure
- Diabetes
- Oedema or other swelling in treatment area
- Nerve damage or increased / decreased sensitivity in the skin
- Epilepsy, fits or fainting attacks
- Allergies or intolerances (e.g. to lanolin, sticking plasters, surgical spirit, nuts, etc)
- Joint or mobility problems (arthritis, recent fracture, sprain, etc)
- Recent illness or condition that required medical treatment
- Previous reactions to waxing

"I confirm that the above information is true to the best of my knowledge and belief. I have been fully informed about the expected results and effects of waxing and agree to follow all aftercare advice provided by my therapist. I hereby give my consent to proceed with treatment."

Signed: _____ Date: _____