

Just For You Salon and Day Spa, LLC

Waxing Consultation Form

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

Birthday _____ How did you hear about us? _____

Parent or guardian consent (must be completed for clients under the age of 18)

In consideration of (print minor's name) _____ being permitted by Just For You Salon and Day Spa to participate in waxing services. I further agree to indemnify and hold harmless Just For You Salon and Day Spa from any and all claims which are brought by or on behalf of minor and which are in any way connected with such services by minor.

Signature of parent or guardian _____ Date _____

Waxing certain areas can be uncomfortable. We attempt to minimize discomfort by waxing with a professional technique. In addition, there are steps that can be taken before the procedure, such as taking ibuprofen. Please tell us if there is anything we can do to make your waxing experience more comfortable.

Known Allergies _____

Please Check Any That Apply To You:

Broken skin Blood thinner medication Active herpes

Please List:

Medications _____

Skin Disorders _____

Moles/warts Diabetes Edema/Swelling Fragile capillaries

Varicose veins

Health Conditions _____

Please check if you are currently using or have used in the last three months:

Acne medication

Pro-Active Skin Care

Any form Vitamin A

Daily Doses of Aspirin

Accutane Renova AHAS

Tretinoin Retin-A Aspirin Glycolic Acid BHAS

Have you ever had adverse reaction to waxing? If yes, please explain. _____

****Please note that you may be more sensitive to waxing if you are premenstrual, taking antibiotics or are pregnant.*

Following the procedure, please note the following:

Avoid use of loofah.

Avoid exercising for at least 48hours

Avoid saunas, steamed rooms, whirlpools, hot baths and tanning beds for at least 48 hours.

Avoid spray tanning after for at least 48 hours.

Avoid application of Retin-A, Renova, or AHA for at least 48 hours (*Possible Complications with the Waxing Procedure:* (Sensitive skin can burn from waxing procedures. Accutane and Retin-A or Tretinoin are drying to the skin, therefore, waxing may lead to removal of skin, which may cause scarring. Waxing over sunburned or very tanned skin may lead to removal of the skin, which may cause scarring. Allergies to any of the product ingredients used in waxing may cause severe allergic reaction. (I confirm that the information I have provided is accurate and complete. I am aware that there are often inherent risks associated with waxing, such as but not limited to: allergic reaction, irritation, burning, redness, scarring, soreness, etc. By signing below, I further agree that I will not hold Just For You or any employees responsible should there be any unfavorable outcome or result.

I have read the information regarding waxing and, to the best of my knowledge, have recorded my medical history accurately. For future services, I agree to inform my spa technician of any changes in my medical status and/or the above information. I agree not to hold Just For You and its employees responsible for any adverse reactions incurred as a result of inaccurate information on this form.

Clients Signature _____ Date _____

Initials Date _____
Initials Date

Initials Date _____
Initials Date

Initials Date _____
Initials Date

Initials Date _____
Initials Date

Initials Date _____
Initials Date