

Name: _____ Date of Birth _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Referred by: _____

How would you like to receive your complimentary appointment reminder? Check all that apply

Text Y / N Phone call Y / N Email Y / N

Email Address _____

Would you like to be added to our email list for specials, coupons and newsletters? Y / N

1. Have you used any Alpha Hydroxy Acid (AHA) or glycolic products in the past 48-72 hours? No Yes
2. Are you using Retin-a, Renova or Accutane (an oral form of Retin-a)? No Yes
3. Have you used Retin-a, Renova or Accutane in the last 12 months? No Yes
4. Are you using any other skin thinning products and/or drugs? No Yes
5. Are you exposed to the sun on a daily basis or are you considering spending more time in the sun soon? No Yes
6. Do you use a tanning bed? No Yes

7. Please circle any of the following that apply to you:

| | | | |
|----------------------|-------------------------|---------------|-----------|
| Varicose Veins | Edema | Moles | Psoriasis |
| Poor Circulation | Prescribed Medication | Diabetes | Sunburn |
| Recent Scar Tissue | Epilepsy | Skin Diseases | Phlebitis |
| Hyper Sensitive Skin | Undiagnosed lumps/bumps | Warts | Pregnancy |

8. Do you have any open skin lesions or active herpes outbreak (cold sore or genital)? No Yes

9. Have you been waxed/sugared before? No Yes

What areas? _____

10. Have you had any of the following procedures? Circle all that apply

| | | | |
|---------------------------------------|-------------------|------------------------|-------------------|
| Chemical Peel | Laser Resurfacing | Removal of Skin Cancer | Microdermabrasion |
| Any Other Major Exfoliation Procedure | | | |

If so, how long ago and on what areas? _____

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

12. What skin products do you regularly use on your skin?

13. Have you ever been treated for cancer? If yes, when and what types of therapies were used?

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

Please list any and all allergies you have:

(Female clients) When is your next menstrual cycle due to begin? _____ (Always allow five days for menstrual cycle. Because of water retention and for your own personal comfort, you should avoid hair removal two days before your cycle is due and two days after it is completed.)

Cancellation Policy/Fees

- Your appointment time was specifically reserved for you, so the courtesy of 24 hour notice for cancellation or rescheduling is appreciated.
 - **For all new clients, appointments over 90 minutes, couples, and packages;** if you fail to give less than 6 business hour notice of cancellation, you will be billed the full price of the treatment scheduled. If it is a morning appointment, we must receive your call by the afternoon before to avoid the fee.
 - **For all existing clients;** if you fail to give less than 1 business hour notice of cancellation, you will be billed the full price of the treatment scheduled. If it is a morning appointment, we must receive your call by the end of the prior business day to avoid the fee.
- **Phone call, e-mail, and text message reminders will be provided as a courtesy to you.** If you opt out of phone call reminders; please be aware that an automated system sends our e-mails and text messages and we cannot guarantee their reliability; it is your responsibility to remember your scheduled appointments. You can update your reminder method with our front desk staff at any time if your preferences change.
- Bounced checks will incur a \$25.00 fee for which a bill will be sent.

Treatment Policies and Etiquette

- These policies are in place for your personal protection as well as for the professional dignity of the therapist. You will receive personal instructions on what clothing to remove and how to prepare for the treatment. Please follow those instructions as well as the guidelines that follow:
 - Always wait for the therapist to leave the room before getting undressed. Keep a lower undergarment on and cover yourself with the sheet as instructed. You will not be exposed by the therapist during the treatment, and should not attempt to expose yourself. Please do not get off the table at the end of the treatment until the therapist has left the room.
 - At no time will any sexual comments, suggestions, activities, or requests be tolerated. If this term is violated, the therapist has the right to end the session, full payment is required, and no further treatments will be scheduled. This is a zero tolerance policy.

Please note that waxing/sugaring does have certain side effects such as skin removal, redness, swelling, tenderness, etc. Please initial each of the following in agreement with the statements.

_____ I have read the above information and if I have any concerns, I will address these with my skin therapist.

_____ 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 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 as much as possible.

_____ I have read and understand the post-treatment home care instructions.

_____ I am willing to follow 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 the esthetician immediately.

_____ I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered.

_____ I understand the procedure and accept the risks.

_____ I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

Client Name (printed) _____

Client Name (signature) _____ Date _____

Esthetician _____ Date _____

We have the right to refuse services for all waxing if proper hygiene is not followed. For Brazilian and bikini waxes, please use the provided wipe to cleanse area.