



INTAKE FORM | WAXING

Please print.

TODAY'S DATE: ____ | ____ | ____

Name Date of birth Age Female Male

Address

City State Zip code

H M W Phone Occupation

Referred by Phone

Emergency contact Phone

Physician Health insurance carrier

Are you using/have you used Accutane, Azlex, Differin, Renova, Retin-A, Tazarac, or glycolic or alpha hydroxy acids? Yes No

If yes, please list:

Have you had Botox or fillers within the past week? Yes No

Are you in a dermatologist's care for a skin condition? Yes No

If yes, please explain:

Are you using any skin thinners or blood thinners? Yes No

If yes, please list:

Have you ever had an adverse reaction to waxing? Yes No

If yes, please explain:

Are you exposed to the sun and/or tanning beds on a daily basis, or are you considering spending more time in the sun soon? Yes No

If yes, please explain:

Do you bruise easily? Yes No

Are you presently taking any medications? Yes No

If yes, please list:

Are you pregnant? Yes No

When is your menstrual cycle due?

Have you consumed alcohol or caffeine very recently? Yes No

We ask these questions because the skin is more sensitive to waxing just before menstruating, during pregnancy, and when alcohol or caffeine have been consumed. Waxing can potentially cause side effects such as skin removal, redness, swelling, and tenderness.

Please check any of the medical issues listed below that you have currently or have been affected by in the past:

- Anxiety Diabetes Headaches [chronic] Hysterectomy Pacemaker
 Asthma Eczema Hepatitis Immune disorders Psoriasis
 Cardiac problems Epilepsy Herpes Lupus Sinus problems
 Depression Fever blisters High blood pressure Metal implants Skin disease

Please explain issues checked, or any others not listed:

Any physical limitations? Please explain:

I understand that the services offered are not a substitute for medical care. Any information provided by the esthetician is for educational purposes only and not diagnostically prescriptive in nature. I understand that the information herein is to aid the esthetician in providing the best possible service. All information is kept completely confidential.

CANCELLATIONS: Spa Caladae Esthetique Studio requires minimum 24 hours notice for cancellations of any scheduled appointments and minimum 48 hours notice for group appointments to avoid charges. If required notice is not given within the timeframe specified, 50% of cost of service scheduled will be charged to the client. Clients who do not show at all or do not give required cancellation notice at all will be charged 100% of cost of service scheduled. Late arrivals may result in reduced or canceled service.

CONSENT TO TREATMENT OF A MINOR [individuals under the age of 18]: By providing signature below, parents and/or guardians of a minor authorize Spa Caladae Esthetique Studio personnel to administer service treatments to their child/dependent as they deem necessary.

Client signature Date

Parent/guardian signature Date

Esthetician signature Date