

# Waxing Consent Form

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Have you taken Accutane within the past year? Yes or No

Are you using Retin-A, Differin or Renova? Yes or No

Are you taking any medications that make you photosensitive? Yes or No

Do you frequently use tanning beds? Yes or No

Are you currently sunburn? Yes or No

Are you diabetic? Yes or No

Do you currently have or have you had any of the following medical conditions that could compromise your skin and/or services being offered:

Aids/HIV	Hepatitis	Varicose Veins	Eczema/Psoriasis
Herpes	Cancer	Cold sores/Fever blisters	

## **\*PLEASE READ THE FOLLOWING WARNINGS\***

If you are using any of the following medications, you cannot be waxed today:

- Accutane	- Adapalene	- Isotretinoin	- Retin-A-Renova -Alustra
- Avita	- Tazarotene	- Tretinoin	- Avage - Differin

You may experience skin sensitivity/thinning, which can result in skin lifting, from the following:

- Sunburned skin - Retinol - Certain Medical conditions
- Pregnancy - Antibiotics - Other medications not listed
- Menstruation

Consent and Signature:

I UNDERSTAND THAT IF I BEGIN USE OR ARE CURRENTLY USING ANY OF THE PRODUCTS LISTED IN THE ABOVE WARNING AND DO NOT INFORM THE SKIN CARE PROVIDER PRIOR TO CURRENT OR FUTURE TREATMENTS, I ACCEPT FULL RESPONSIBILITY FOR ANY ADVERSE REACTIONS. I GIVE PERMISSION TO PERFORM THE WAXING PROCEDURE WE HAVE DISCUSSED AND WILL HOLD THE SKIN CARE PROVIDER OR JUST WELLNESS HARMLESS FROM ANY LIABILITY THAT MAY RESULT FROM THIS TREATMENT.

I UNDERSTAND THAT WAXING MAY CAUSE SOME REDNESS, BUMPS, SORENESS AND/OR ITCHING.

Clients Name (printed): \_\_\_\_\_

Clients Signature: \_\_\_\_\_ Date: \_\_\_\_\_