

H A B I T

Waxing Consent Form

Name: _____

Address: _____

Telephone: _____

Email: _____

Please answer the following questions. All information given today is fully confidential and is only used so that your therapist can provide the safest and most comfortable treatment possible.

Are you taking or have you ever taken Accutane? **Yes** or **No**
If you have, but are no longer taking Accutane, how long has it been?

Are you using or have you used Retin-A, or Renova? **Yes** or **No**
If you have, but are no longer using Retin-A, how long has it been?

Are you taking any type of antibiotic, birth control, hormone replacement or blood thinners? **Yes** or **No**

Do you have any health problems your therapist may need to know about?
If so, what are they? **Yes** or **No**

Please read and initial the following information about contraindications.

Anyone showing signs of redness, rashing, open and or abraded skin, an active lesion of Herpes Simplex I or II, sunburn (either from natural sun exposure or a tanning bed), psoriasis or eczema cannot receive waxing services. Anyone currently using or having used in the past five days the following medications: Retin-A, Renova, Differin or Avita cannot receive waxing services.

I confirm that the above-mentioned contraindications for my services today do not apply to me.

Initials

Anyone having just received a microdermabrasion treatment or an acid peel cannot have a waxing service to the same area.

Initials

Regarding Herpes Simplex Types I and II Anyone with a history of Herpes Simplex I or II has been advised that waxing service may cause an outbreak to re-surface.

Initials

I certify that all the information above is correct and hereby give my consent for a waxing treatment. I also understand that it is my responsibility to inform HABIT of any changes pertaining to any information I have given on this form.

I have read the above contraindications and the related pre and post instructions pertaining to the professional services I am about to receive and do therefore agree to waive all liabilities toward HABIT, and practicing licensed estheticians, for injury or damages.

Client signature: _____

Date: _____