



MASSAGE AND BODYWORKS

WAXING INTAKE FORM

Today's Date:		Birth Date:	
Name:			
Address:		City:	Zip:
Telephone:		Cell:	
Email:			

PLEASE HELP US ENSURE A SAFE AND COMFORTABLE WAXING EXPERIENCE BY PROVIDING THE FOLLOWING INFORMATION:

Do you have tendencies to:	YES	NO
Ingrown hair	<input type="checkbox"/>	<input type="checkbox"/>
Hyperpigmentation	<input type="checkbox"/>	<input type="checkbox"/>
Scarring	<input type="checkbox"/>	<input type="checkbox"/>
Bump	<input type="checkbox"/>	<input type="checkbox"/>
Bruising	<input type="checkbox"/>	<input type="checkbox"/>

Are you taking or have you ever taken:	YES	NO
Accutane	<input type="checkbox"/>	<input type="checkbox"/>
Resorcinol	<input type="checkbox"/>	<input type="checkbox"/>
Retin-A	<input type="checkbox"/>	<input type="checkbox"/>
Glycolic Acid	<input type="checkbox"/>	<input type="checkbox"/>
Alpha-hydroxyl Acid	<input type="checkbox"/>	<input type="checkbox"/>
Scrub or Peel of any kind	<input type="checkbox"/>	<input type="checkbox"/>

Medical Data	YES	NO
MRSA	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

Herpes Virus	<input type="checkbox"/>	<input type="checkbox"/>

Medical Data	YES	NO
Are you taking any type of Antibiotic, birth control, Hormone replacement or blood thinners?	<input type="checkbox"/>	<input type="checkbox"/>



MASSAGE AND BODYWORKS

WAXING INTAKE FORM

Please read and initial the following information about contraindications:

INITIAL:

Anyone showing signs of redness, rashing, open and or abrade 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.

INITIAL:

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

INITIAL:

I have read and 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 the liabilities towards Origins Massage and Bodyworks and practicing licensed estheticians, for injury or damages. I confirm that the above mentioned contraindications for my services today do not apply to me.

POST CARE INSTRUCTION:

The area of the skin that will be waxed may or may not be sensitive for 24-48 hours after waxing. Avoid any low pH products on that area such as Retin-A, Glycolic/Salicylic Acids, topical acne preparations such as benzyl peroxide, and the like for up to 48 hours. Avoid exercise for 24 hours as perspiration can cause prolonged redness and irritation and may cause stinging. Avoid direct sun exposure to the treated area(s) and be sure to wear sunscreen as always but particularly on the treated area when in the sun.

If at any time there are changes in the information given, or in my condition, I will notify my esthetician, and upgrade this form before receiving additional waxing. I release the practitioners and their insurers, and their respective officers, directors, stockholders, successors, employees, and agents from all liability of any nature whatsoever, whether past, present, or future, for injury or damage which may occur to myself or my family as a result of my receiving massage, facials, or waxing services.

Client's Signature

Date: