

BLUE HUNTSVILLE

| MEDSPA | COSMETIC
| SURGERY |

Facial and Body Waxing Consent Form

Name: _____ Date: _____

Have you used any Alpha Hydroxy Acid (AHA) or Glycolic Products in the past 48-72 hours? _____

Are you using Retin A, Renova, or Accutane? _____

Are you using any other skin thinning products and/or drugs that may thin your blood? _____

Have you been exposed to the sun or tanning bed on a daily basis or are you considering spending more time in the sun soon? _____

Are you a diabetic? _____

Do you bruise easily? _____

Are you currently taking any medications? If so, please list: _____

When is your current menstrual cycle due? _____ We only ask this because you are more sensitive to waxing just before your period.

Please note that waxing can have certain side effects such as: skin removal, redness, swelling, tenderness, bleeding, bruising, skin irritation, burns, discoloration, etc.

I have read the above information and have given an accurate account of the questions, and if I have any concerns, I will address these with my Aesthetician. I give permission to my Aesthetician to perform the waxing procedures that we have discussed and will hold her harmless from any liability that may result from this treatment. I understand that my Aesthetician will take every precaution to minimize or eliminate negative reactions as much as possible.

Client Signature: _____ Date: _____

Aesthetician Signature: _____ Date: _____