



**CLIENT INFORMATION & WAXING
CONSENT**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work phone: _____

Email: _____

Pharmacy: _____ Phone: _____

Have you used and Apha-Hydroxy (AHA) or Glycolic products in the last 48-72 hrs? Yes or No

Have you used Retin-A, Renova or Accutain (ORAL FORM Retin-A) Yes or No

Are you using any skin resurfacing or skin thinning products or medications? Yes or No

Are you exposed to the sun on a daily basis or considering spending more time in the sun soon? Y or N

Do you use a tanning bed? Yes or No

Are you diabetic? Yes or No

Do you get cold sores? Yes or No

Are you currently taking any medications or over the counter/herbal remedies?

Please list:

What products do you use on your skin regularly?

Have you ever been treated for cancer? If yes, what therapies were used?

Please list any illnesses or conditions you are being treated for currently by a medical professional:

Female clients: It is advised to not wax 2 before your menstrual cycle starts and avoid waxing the first 2 days after cycle is finished.

Please note that waxing does have certain side effects such as skin removal, redness, swelling, tenderness etc.

No Ibuprofen, wine or blood thinners 2 days before or after waxing.

Read & Initial:

I have read the above and if I have any concerns or questions I will address them with Tonya Cameron RN CMP dba Skin Studio Okc immediately. _____

I give permission to Tonya Cameron RN CMP dba Skin Studio Okc to perform the waxing procedure we have discussed and will hold her harmless from any liability that may result from this treatment. _____

I have given an accurate account of the questions asked above including all known allergies and prescription drugs or products that I am using topically or taking orally. _____

I have read and understand post-care home treatment instructions. If I have any additional questions or concerns I will contact Tonya W. Cameron RN CMP immediately. _____

Client Name(printed) _____

Client Name (signature) _____ **Date** _____

Tonya W. Cameron RN CMP dba Skin Studio Okc

_____ **Date** _____