



Client Profile – Waxing Services

Name: _____

I am over the age of 18. YES NO

Please answer the following questions:

Please indicate by marking an “X” whether you have now or have ever had any of the following medical conditions.

____ Diabetes ____ Dermal Abrasions ____ Stomach Ulcers

____ High Blood Pressure ____ Excessive Moles ____ Warts

____ Poor Circulation ____ Varicose Veins

____ Any other skin conditions (please explain below)

Please indicate by making an “X” whether you are taking any of the following medications.

____ Acutane ____ Tetracycline ____ Cortisone

____ High blood pressure medication ____ Thyroid Medication ____ Glycolic Acid

____ Alpha Hydroxy Acid

____ Any other medications (please explain below)

Are you under the care of a Dermatologist? _____

Please indicate below the date of your most recent:

Tanning (Sun) _____ Chemical Peel _____

Tanning (Bed) _____ Waxing _____

Do not expose skin to the sun/indoor tanning for at least 48 hours after the waxing service. I understand that I am accepting any reaction from a waxing service.

Signature: _____

Date: _____