

Touché

Medical Spa & Skin Care

*Look & feel your best with experienced,
leading-edge care & pampering.*

WAXING CONSENT FORM

Name: _____ Date: _____

Address: _____

Home phone: _____ Work phone: _____ Email: _____

Have you used any Alpha Hydroxy Acid (AHA) or glycolic products in the past 48-72 hours?

YES OR NO

Are you currently using Retin-A/Renova, or have you used Accutane within the last 12 months?

YES OR NO

Are you using any other skin thinning products and/or medication (including over the counter)?

YES OR NO

Are you exposed to the sun on a daily basis or are you considering spending more time in the sun soon? **YES OR NO**

Do you use a tanning bed? **YES OR NO**

Are you diabetic? **YES OR NO**

Do you have any allergies? _____

Are you currently taking medications? If so, please list all (including over the counter drugs/vitamins/herbal supplements):

Please list any other illness/condition you are currently being treated by a medical professional:

Please note anyone with a history of herpes simplex virus type 1 or type 2 has been advised that waxing service may cause an outbreak to resurface. To help prevent this, we advise you contact your medical professional for anti-viral medications before receiving your waxing service.

CLIENT NAME: _____

CLIENT SIGNATURE: _____

ESTHETICIAN: _____