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www.triangleskincenter.com

Waxing Consent Form

Name: _____ Date of Consultation: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Other phone: _____

E-mail: _____ Date of Birth: _____

Known allergies: _____ Medication: _____

- Have you used any Alpha Hydroxy Acid (AHA) or glycolic products within the past week? YES/ NO
- Are you using Retin-A, Renova, Tretinoin, Adapalene, or Accutane? YES/NO
- Are you using any blood/skin thinning products and/or drugs? YES/NO
- Are you exposed to the sun daily or are considering spending more time on the sun soon? YES/NO

- Do you use a tanning bed? YES/NO . If YES when was the last time? _____
- Have you ever had any adverse reactions to waxing? _____ If yes please explain: _____

- Have you been treated for cancer? If yes, please tell us when and what types of therapies were used?: _____

- Please list any other illness/ condition you are currently being treated for by a medical professional: _____
- When is your next menstrual cycle? : _____ (always allow two days before and after cycle for any waxing procedure. The skin can become extremely sensitive directly before, during, and directly after)

- Recent chemical peel/microdermabrasion, When: _____
- Recent laser treatments, When: _____

Please circle all that apply to you:

Broken skin	Use of Retin-A, AHA's, glycolic acid	Inflammation
Diabetes	Suspicious growths	Flat moles
Active Herpes	Prone to cold sores	Accutane (past year)
Phlebitis	Fragile Capillaries	Active sunburn

I understand that following the waxing procedure I should:

- Apply a sunblock with at least an SPF of 15
- Avoid use of a loofah or other abrasive treatment to the waxed area
- Avoid saunas, steam rooms, hot tubs, or other heat sources
- Avoid application of Retin-A, Renova, or AHA's for at least 48 hours

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

I have read the above information and if I have any concerns, I will address these with my esthetician. I give permission to my esthetician to perform the waxing procedure we have discussed and will hold her and any other her staff member of the Triangle Skin Center of Carolina, PA. 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 or prescription drugs or products I am currently ingesting or using topically. I understand my esthetician will take every precaution to minimize or eliminate negative reactions as much as possible.

I have read and understand the post-treatment home care instructions. I am willing to follow recommendations made by my esthetician for a home care regimen that can minimize or eliminate possible negatives reactions. In the event that I may have additional questions or concerns regarding my treatment or suggested home products/ post-treatment care, I will consult the esthetician immediately.

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand the procedure and accept the risks. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

Client name (printed): _____

Client name (signature): _____ Date: _____

Parent/ Guardian (signature): _____ Date: _____

Esthetician (signature): _____ Date: _____