

# Waxing Release Form

*Client information Sheet to be filled out prior to first wax service*

Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## *Changes since last visit*

Date: \_\_\_\_\_ Changes/Notes: \_\_\_\_\_  
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- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1 Have you ever been treated for Cancer?<br>When and what types of therapies used?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Are you Diabetic?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Have you used any Alpha Hydroxy Acid or<br>Glycolic products in the past 48-72 hours?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Are you using Retin A, Renova or Accutane<br>(oral form of Retin A)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Are you using any other skin thinning<br>products and/or drugs?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Are you exposed to the sun on a daily basis<br>or are you considering spending more time<br>in the sun soon?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Do you use a tanning bed?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Are you currently taking medications? If so, please list:<br>_____  |                          |                          |
| 9 Menstral Cycle Due Date? _____<br>Always allow 5 days for menstrual cycle. Two days before due<br>and two days after finished because of water retention. For your own<br>personal comfort, you should avoid hair removal during this time. |                          |                          |

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

Please see our "Waxing HomeCare" form for further details.

***/release Ospa from any and all liability.***

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_