

## Client Information & Consent Form

All information will remain confidential ~ if you are under the age of 18 you must have parental or guardian consent before any services are rendered.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Have you any known allergies? \_\_\_\_\_

Have you used any Alpha Hydroxy Acid (AHA) or glycolic products in the past 48-72 hours?  No  Yes

Are you using Retin-a, Renova or Accutane (an oral form of Retin-a)?  No  Yes

Are you using any other blood thinners, antibiotics, hormone-replacement therapies?  
 No  Yes If yes, what? \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

### **Please read and initial the following information about contradictions.**

\_\_\_\_\_ Anyone showing signs of redness, rash, open and/or abraded skin, an active lesion of Herpes Simplex I or II, sunburn (either from natural sun exposure or a tanning bed), psoriasis or eczema cannot receive waxing services.

\_\_\_\_\_ Anyone currently using or having used in the past five days the following medications: Retin-A, Renova, Differin, or any retinol based prescription strength products are recommended against receive waxing services.

\_\_\_\_\_ Regarding Herpes Simplex Types I and II, anyone with a history of Herpes Simplex I or II has been advised that waxing services may cause an outbreak to re-surface.

\_\_\_\_\_ I give permission to my therapist to perform the waxing procedure we have discussed and will hold her and her staff 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 have read and understand the post-treatment home care instructions. In the event that I may have additional questions or concerns regarding my treatment or suggested home product / post-treatment care, I will consult the esthetician immediately.

\_\_\_\_\_ I agree that this constitutes full disclosure, I certify that I have read, and fully understand the above paragraphs. I do not hold Honeypot, nor 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 Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Esthetician Name:** \_\_\_\_\_ **Date** \_\_\_\_\_