honeypot

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 receiving 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 harm-less 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.

COVID-19 Questions

Are you experiencing any flu-like symptoms today, such as fever, chills, shortness of breath, fatigue, muscle aches, loss of smell and or taste? No__Yes__

Have you, your immediate family or housemates been in contact with a Covid-19 patient within the last 28 days? No__Yes__

Have you tested positive or have any reason to suspect you've been exposed to the Coronavirus in the last 28 days? No__Yes__

Client Signature: _____ Date _____

Esthetician Name: _____ Date _____