

WAXING BY CARIANN: CONSULTATION RELEASE FORM

Name: _____ Age: _____ DOB: _____ Email: _____

Address: _____ Phone: _____

List all current medications: _____

Allergies: _____ Skin Type: Dry Oily Combination

Medical Disorders, Disease, Conditions: _____ Currently Pregnant? NO YES _____ weeks

I. SKINCARE HISTORY:	NO	YES	If yes, when was your last exposure?
Eyebrow waxing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Accutane/Retin-A/Retinol	<input type="checkbox"/>	<input type="checkbox"/>	_____
Microdermabrasion/Peels	<input type="checkbox"/>	<input type="checkbox"/>	_____
Microblading	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salicylic Acid/ Benzoyl Peroxide	<input type="checkbox"/>	<input type="checkbox"/>	_____
Brazilian/Bikini Waxing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Laser Hair Removal	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what area & when? _____
Surgeries within the past year	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what area & when? _____

II. Have you had any complications with professional skin care services before (i.e. allergic reaction, skin tearing, skin lifting, bruising, hives/welts, chemical burns, etc.)? YES _____ NO

III. Please initial:

- _____ I have not used a scrub, Retin-A, Retinol OTC, take home micro-dermabrasion, peels, exfoliated or tanned in the last 72 hours. I understand that this can have a side effect on any face waxing services.
- _____ I understand that some possible side effects include tenderness, redness, swelling and pimples, but these are temporary and generally fade within 72 hours.
- _____ I do not have any open skin lesions or active herpes outbreak (cold sore or genital).
- _____ I understand that with treatment certain risks are involved and that any complications or side effects from known or unknown causes could occur. I freely assume these risks.
- _____ I agree to adhere to all safety post care including: no peels, swimming/hot tubs, or vigorous workouts for 48-72 hours after waxing; and all home skin care protocols as recommended by my service provider.
- _____ I am over 18 years of age or I have parental consent co-signed below.
- _____ If I am under 18, my parent/guardian understands that they have to be present for the initial appointment but will allow me to be serviced independently in the future.
- _____ I will inform my service provider of any complications or concerns I may have as soon as they occur.
- _____ I consent use of photos and videos for social media, website and/or marketing purposes. I understand that all published photos and/or videos will be within HIPAA regulations to ensure my privacy and security.

IV. I have read the Q&A information and if I had any concerns, I have addressed them with my service provider. I give permission to my therapist to perform the skin care procedure we have discussed and will hold her harmless from any liability that may result from this treatment. I also understand that complications may occur and I will take into consideration any environmental/physical/chemical/medical factors that could have caused it. I have given an accurate account of the questions asked including all known allergies or prescription drugs or products I am currently ingesting or using topically. I have filled this form to best of my knowledge. I understand my therapist will take every precaution to minimize or eliminate negative reactions. I understand that if I need to update this form in the future, I will do so on my own and provide this form plus the updated information to my therapist as soon as possible. I have received information about the after-care of waxing. I will go over and understand the post-treatment home care instructions with my therapist. I will follow the recommendations made by my service provider for a home care regimen that can minimize or eliminate possible negative reactions. In the event that I may have additional questions or concerns regarding my treatment or suggested home product/post-treatment care, I will consult my therapist immediately. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. **If in any case I need to update my information, I will do so by printing and filling out a new form from her website.** 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 therapist, 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 and hereafter.

_____	_____	_____	_____
Client's Signature	Date	Therapist's Signature	Date
_____	_____		
Parent/Guardian Signature	Date		