

Sunkissed Skin Bar

WAX CLIENT INTAKE FORM

Name _____

Date _____

Address _____

Age _____

Phone _____

Email _____

Do any of the following apply to you?



Diabetes



Varicose Veins



Skin Disease



Epilepsy



Psoriasis



Pregnancy



Oedema



Poor circulation



Prescribed medicine



Phlebitis



Sunburn



New scar tissue



Hypersensitive skin



Moles



Others, please specify

Do you use any of these products?



Retin A



Glycolic acid



Accutane



Oedema

Have you had waxing before?



YES



NO

Do you have any known allergies?



YES



NO

If yes, please indicate _____

By signing below you have agreed to the following,

I have completed this form to the best of my ability and knowledge and agree to inform the technician of any changes in the above information. I have been informed and understand the contradictions to the requested treatments and agree that I do not have any condition(s) that would make the requested treatment unsuitable.

Signature _____