

The Blue Giraffe Day Spa Salon  
51 Water St.  
Ashland Or. 97520  
(541) 488-3335

## Waxing Questionnaire and Consent Form

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

What body part(s) are we waxing today? \_\_\_\_\_

When did you last shave? \_\_\_\_\_ When was your last menstrual cycle? \_\_\_\_\_

(Because of water retention and personal comfort, avoid hair removal 2 days before your cycle starts.)

Do you have or are you prone to?		Have you used any of the following in the	
Ingrown hairs	yes no	last 48-72 hours?	
Scarring	yes no	Accutane	yes no
Bumps	yes no	Retin-A	yes no
Hyper-Pigmentation	yes no	Alpha-hydroxy acid	yes no
Bruising	yes no	Glycolic Acid	yes no
Allergies	yes no	Resorcinol	yes no
If yes what to?	_____	Scrub or Peel	yes no

Have you ever been treated for cancer? yes no

Do you use a tanning bed? yes no

Any other illness/condition you are presently being treated for by a medical professional? \_\_\_\_\_

**\*New use of any of the medications listed above increases the possibility of a reaction. Please inform the esthetician if you have begun taking any new medications since your last session.**

**\*Please note waxing does have certain side effects such as skin removal, redness, scabbing, bruising, scarring, swelling, tenderness, hyper-pigmentation, and/or pimples**

**\*Waxing of soft tissue may cause the skin to tear resulting in the need for stitches. The most common occurrence of this is in a Brazillian bikini wax.**

I have read the above information and if I had any concerns I have addressed them with my esthetician. I give permission to My therapist to perform the waxing procedure(s) we have discussed and will hold her harmless for 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 understand my esthetician will take every precaution to minimize or eliminate negative reactions.

I have read and understand the post-treatment home care instructions. I am willing to follow the recommendations made by my esthetician for a home care regimen that can minimize or eliminate 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 esthetician immediately.

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures, I certify that I have read and fully understand the above paragraphs and that I have sufficient opportunity for discussion to have any questions answered. I understand the the procedure and accept the risks. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present but not disclosed at the time of this skin car procedure, which may be affected by the treatment performed today.

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Esthetician Signature** \_\_\_\_\_ **Date** \_\_\_\_\_