



## Waxing Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Age: \_\_\_\_\_  
 City: \_\_\_\_\_ Birthday: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

What body part are we waxing today? \_\_\_\_\_

When did you last wax? \_\_\_\_\_

How often do you wax? \_\_\_\_\_

Do you have any tendencies to:

• Ingrown hair: Yes <input type="checkbox"/> No <input type="checkbox"/>	• Hyperpigmentation: Yes <input type="checkbox"/> No <input type="checkbox"/>
• Bumps: Yes <input type="checkbox"/> No <input type="checkbox"/>	• Bruising: Yes <input type="checkbox"/> No <input type="checkbox"/>
• Scarring: Yes <input type="checkbox"/> No <input type="checkbox"/>	• Allergies: Yes <input type="checkbox"/> No <input type="checkbox"/>
• Herpes Virus: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what?

Are you currently using or taking:

• Accutane: Yes <input type="checkbox"/> No <input type="checkbox"/>	• Resorcinol: Yes <input type="checkbox"/> No <input type="checkbox"/>
• Retin-A: Yes <input type="checkbox"/> No <input type="checkbox"/>	• Glycolic Acid: Yes <input type="checkbox"/> No <input type="checkbox"/>
• Alpha-hydroxy Acid: Yes <input type="checkbox"/> No <input type="checkbox"/>	• Scrubs or Peels: Yes <input type="checkbox"/> No <input type="checkbox"/>
Any other medication? If yes, what?	

Waxing may cause: Bruises, scabs, scarring, redness, hyperpigmentation or pimples.

Waxing of soft tissue may cause the skin to tear resulting in the need for stitches. (Most common occurrence is in Brazilian Bikini waxes, male or female).

New use of the products discussed increases the possibility of a reaction, so if started the esthetician must be informed before the next wax appointment starts.

I understand all of the above mentioned reactions.

\_\_\_\_\_  
Esthetician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date