

# Wax Questionnaire

Today's Date \_\_\_\_\_

Birthday \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

What is your occupation? \_\_\_\_\_

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

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

When did you last shave? \_\_\_\_\_ How often do you shave? \_\_\_\_\_

Do you have any tendencies to:

Ingrown hair \_\_\_\_yes \_\_\_\_no

Scarring \_\_\_\_yes \_\_\_\_no

Bumps \_\_\_\_yes \_\_\_\_no

Hyperpigmentation \_\_\_\_yes \_\_\_\_no

Bruising \_\_\_\_yes \_\_\_\_no

Are you currently using or taking:

Accutane \_\_\_\_yes \_\_\_\_no

Retin-A \_\_\_\_yes \_\_\_\_no

Alpha-hydroxy Acid \_\_\_\_yes \_\_\_\_no

Resorcinol \_\_\_\_yes \_\_\_\_no

Glycolic Acid \_\_\_\_yes \_\_\_\_no

Scrub or Peel of any kind \_\_\_\_yes \_\_\_\_no

Medical Data

Herpes Virus \_\_\_\_yes \_\_\_\_no

Allergies \_\_\_\_yes \_\_\_\_no

Other \_\_\_\_\_

MRSA \_\_\_\_yes \_\_\_\_no

Please list \_\_\_\_\_

If I have Herpes or MRSA I may experience an outbreak. My professional has explained the reasons and I understand. \_\_\_\_\_please initial

I understand I may carry Herpes and/or MRSA without any physical symptoms or having had a medical diagnosis confirmed. \_\_\_\_\_please initial

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.)

I understand all of the above mentioned reactions. I also understand if I change my skin care routine or medications I must inform the professional PRIOR to starting any service in the future.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date