

**Spa Sweet New Client Questionnaire -Waxing**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

List any known allergies: \_\_\_\_\_

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

(Refer a friend and you both get \$5 off any service)

**Waxing Release**

Please Initial next to any of the following medication or Products if you are using:

Acutane \_\_\_\_\_ Retin A \_\_\_\_\_ Differin \_\_\_\_\_ Renova \_\_\_\_\_ Blood Thinners \_\_\_\_\_  
High Antibiotic Use \_\_\_\_\_ Retinol \_\_\_\_\_ Adapalene \_\_\_\_\_  
Alpha-Hydroxy Products \_\_\_\_\_

We advise NOT TO WAX if using certain medications and products that make the skin more sensitive (such as any listed above).

Please list any other medically prescribed topical medications you use: \_\_\_\_\_

Sensitivity is not limited to these products and I understand that it is my responsibility to bring up any questionable products that I may be using. Initial Here: \_\_\_\_\_

I also understand that dry skin or regular skin sensitivity may cause irritation or tearing of the skin during a waxing service.

Certain physical conditions such as diabetes, pregnancy and predisposition to cold sores may also cause heightened sensitivity of the skin. Medical procedures such as face-lifts, chemical peels and dermabrasion should be disclosed to the esthetician. The treatments I receive here are voluntary and I release Spa Sweet LLC and/or skin care professional from liability and assume full responsibility thereof.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

24-hours notice is required for any canceled or rescheduled appointment or 50% of the service price will be charged.

Failure to show without notice will require full payment of service booked. By initialing here, I'm acknowledging

I have read and understand the terms of the cancellation policy \_\_\_\_\_