

Spa Sweet New Client Questionnaire -Waxing

Name _____ Date _____

Address _____ City _____

State _____ Zip Code _____ Phone _____

Email _____

List any known allergies: _____

How did you hear about us: _____

Waxing Release

Please Initial next to any of the following medication or products that 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.

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 signing below, I'm acknowledging that I have read and understand the terms of the cancellation policy.

Sign: _____ **Date:** _____

Parents must sign for any participating minor (those under 18 years of age) and agree that they and the minor are subject to all the terms of this document, as set forth above.

Parent/Guardian Signature: _____ **Date:** _____