

## Waxing Consent

### What is Waxing?

Waxing is a process of hair removal, using hot wax to effectively remove the hair from the root. Hair should be at least ¼ - ½ inch for best results.

Have you had waxing before? Y or N If so, when? \_\_\_\_\_

Areas? Brows Upper Lip Chin Ears Nares Underarm Other \_\_\_\_\_

(Female Clients) When is your next menstrual cycle due to begin? \_\_\_\_\_

(Always allow five days for menstrual cycle. Because of water retention and for your own personal comfort, you should avoid hair removal two days before your cycle is due and two days after it is completed. Please note that waxing does have certain side effects such as skin removal, redness, swelling, tenderness, etc.)

I have completed my intake form and have, to the best of my knowledge, been truthful about my physical conditions, pregnancy, medications (both oral and topical), and my current skin care regimen. I am also aware that my lifestyle, which if it includes smoking, outdoor sun exposure, tanning beds, excessive alcohol consumption and/or recreational use of controlled substances, will affect and diminish the effectiveness and result of treatment.

I have voluntarily elected to undergo this treatment slash procedure after the nature and purpose of this treatment has been explained to me, along with the risks and hazards involved.

I understand that many changes may occur deeper within the skin over time. When participating in a series of treatments, along with a commitment to a daily skin care regimen, noticeable differences are the outcome. You may see a reduction of fine lines, a softening of deeper wrinkles, reduction of discoloration, softening and possible reduction in scars, and an overall improvement to your skins tone and texture.

Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, and complications. I also recognize there are no guaranteed results and that independent results are dependent on age, skin condition, and lifestyle and that there is the possibility I may require further treatments of the treated areas to obtain the expected results at an additional cost. I understand the post-care treatment and home-care instructions given to me by my provider.

In the event that I may have additional questions or concerns regarding my treatment, post-care, and suggested home product regimen, I will consult with my provider immediately. I have also, to the best of my knowledge given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting using topically. I have read and fully understand this agreement and all information detailed above. I understand the procedure and the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold my provider, or 18 Spa responsible for any of the conditions that were present, but not disclosed at the time of the skin care procedure, which may be guided by the treatment form today.

Client Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

Client Name (signature) \_\_\_\_\_

Skin Care Professional (signature) \_\_\_\_\_