# Waxing / Hair Removal Consent

Consent form for body and facial waxing services with skin sensitivity screening

## Client Information

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

MM / DD / YYYY

## Service Details

Areas to be Waxed *

- ☐ Eyebrows
- ☐ Upper Lip
- ☐ Chin
- ☐ Full Face
- ☐ Underarms
- ☐ Arms
- ☐ Full Legs
- ☐ Half Legs
- ☐ Bikini Line
- ☐ Brazilian
- ☐ Back
- ☐ Chest

Wax Type Preference (if applicable)

- ☐ Hard Wax
- ☐ Soft/Strip Wax
- ☐ Sugar Wax
- ☐ No preference / Esthetician's choice

## Skin & Health Screening

Are you currently using retinoids, Retin-A, or retinol? *

- ☐ Yes
- ☐ No

Have you taken Accutane in the past 6 months? *

- ☐ Yes
- ☐ No

Do you have a sunburn or recent tan on the area to be waxed? *

- ☐ Yes
- ☐ No

Do you have any of the following in the area to be waxed?

- ☐ Open wounds or cuts
- ☐ Raised moles or skin tags
- ☐ Rash or irritation
- ☐ Varicose veins
- ☐ None of the above

Are you currently pregnant? *

- ☐ Yes
- ☐ No

Do you have diabetes or circulatory issues? *

- ☐ Yes
- ☐ No

Is this your first time getting waxed? *

☐ Yes ☐ No

## Risks & Aftercare

Potential Risks:
- Redness, irritation, and minor swelling (normal, resolves within hours)
- Ingrown hairs
- Bumps or whiteheads (folliculitis)
- Burns from wax temperature
- Skin lifting or tearing (especially on sensitized skin)
- Bruising (rare)
- Allergic reaction to wax or products

Aftercare:
- Avoid sun exposure, tanning beds, and hot baths for 24-48 hours
- Do not apply fragranced products, deodorant, or self-tanner for 24 hours
- Wear loose clothing over waxed areas
- Exfoliate gently 48 hours after to prevent ingrown hairs
- Do not shave between waxing appointments

I have been informed of the risks of waxing and agree to follow aftercare instructions.

I understand the risks and aftercare: _____

## Consent & Signature

I consent to the waxing service described above. I have disclosed all relevant health and skin information. I understand the risks and agree to follow aftercare instructions.

I confirm I have read and understood the above information and give my informed consent.

I have read and understand the above information: _____

Signature

Date

Print name

Date *

MM / DD / YYYY