

SAGE SPA

Wax Questionnaire

Today's Date _____
Name _____
Address _____
City _____ State _____
Zip _____
Cell Phone (_____) _____
email _____
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 Hyperpigmentation _____ yes _____ no

Scarring _____ yes _____ no Bruising _____ yes _____ no

Bumps _____ yes _____ no

Are you currently using or taking:

Accutane _____ yes _____ no Resorcinol _____ yes _____ no

Retin-A _____ yes _____ no Glycolic Acid _____ yes _____ no

Alpha-hydroxy Acid _____ yes _____ no Scrub or Peel of any kind _____ yes _____ no

Medical Data

Herpes Virus _____ yes _____ no MRSA _____ yes _____ no

Allergies _____ yes _____ no Please

list _____

Other _____

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.

Client Signature _____ DATE _____

Esthetician Signature _____ DATE _____