

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

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

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: (      ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

How did you learn about Green Leaf Massage + Day Spa? \_\_\_\_\_

Are you currently using any of the following? *(please check all that apply)*

AHA's       Retin-A       Renova       Tretinoin       Accutane       Tetracycline       Other Acne Meds

List Current Medications: \_\_\_\_\_

Have you had a waxing service prior to today?  Yes  No      Do you have skin irritations?  Yes  No

Have you had any kind of reactions to waxing?  Yes  No      Do you bruise easily?  Yes  No

Have you been diagnosed with diabetes?  Yes  No      Are you pregnant?  Yes  No

Do you have any known allergies?  Yes  No      Are you allergic to latex?  Yes  No

If yes, please explain: \_\_\_\_\_

**BODY WAXING** - *Please acknowledge each of the following with your initials.*

I understand that there are inherent risks associated with waxing such as allergic reactions, irritation, burning, redness, bruising, swelling, red bumps, welts, skin removal, tenderness and breakouts but will not hold Green Leaf Massae + Day Spa liable. \_\_\_\_\_

I understand that it takes up to 3 sessions to get it on a good waxing cycle and not all of the hair will come out perfect on the 1st session. \_\_\_\_\_

I understand that I cannot tan or lay out in the sun for 24 hours after because it can turn into hyperpigmentation (Brown Spots). \_\_\_\_\_

**BRAZILIAN WAXING** - *Please acknowledge each of the following with your initials.*

I understand I have the right to opt out anytime during the session if I feel uncomfortable for no service charge. \_\_\_\_\_

I understand that this type of service can take up to 45 mins or less. \_\_\_\_\_

I understand that I must refrain from any physical activities including sex or exercise for 24 hours. We recommend you even wait for 3 days. \_\_\_\_\_

I understand that in order to get flawless hair removal for the Brazilian wax I cannot shave or trim in between sessions. \_\_\_\_\_

I understand and am aware that if I miss a session after 4 to 6 weeks that my hair may become course, resistant and hard to wax again. \_\_\_\_\_

**I understand that if I am not satisfied, I will contact Green Leaf Massage + Day Spa immediately by phone or email within 72 hours of my service.** \_\_\_\_\_

**INFORMED CONSENT**

I confirm to the best of my knowledge that the information I have provided is accurate. I will address any concerns or information that may be relevant to my treatment and or the results thereof with my Esthetician. I give permission to my Esthetician to perform the waxing procedure we have discussed and will hold her harmless from any liability that may result from this treatment. I confirm that I am over the age of 18. I understand that my Esthetician will take every precaution to minimize or eliminate negative reactions as much as possible.

Client Signature: \_\_\_\_\_

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

Esthetician Signature: \_\_\_\_\_

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