

312 WAXAWAY

Client Consultation & Consent Form

Client Information

Full Name _____
Date of Birth _____ Age ____ Gender ____
Phone _____

Health Information

1. Are you currently taking any medications? If yes, list: _____
2. Any allergies (wax, rosin, fragrances)? _____
3. Any skin conditions (eczema, psoriasis, etc.)? _____
4. Recent chemical peels, microdermabrasion, or laser treatments? _____
5. Pregnant or breastfeeding? _____

Treatment Details

Area(s) to be waxed _____
Date of Service _____ Technician _____

Consent

I understand waxing may cause temporary skin irritation, redness, bumps, or ingrown hairs. I confirm I have disclosed all relevant health information and voluntarily release 312 Waxaway and its staff from liability related to my waxing service.

Client Signature _____ Date _____
Technician Signature _____ Date _____