



Client Information and Consent – Waxing

Name: _____

Address: _____

City: _____ Zip: _____

Cell Phone: _____ Email _____

How did you hear about Bodyworx Spa? _____

Have you used Alpha Hydroxy Acid (AHA) or glycolic acid products in the past 48-72 hours?

Yes _____ No _____

Are you using Retin-a, Renova or Accutane (an oral form of Retin-a)?

Yes _____ No _____

Are you using any other skin thinning products and/or drugs? Yes _____ No _____

Are you exposed to the sun on a daily basis? Yes _____ No _____

Do you use a tanning bed? Yes _____ No _____ If yes, how frequently? _____

Are you a diabetic? Yes _____ No _____

Are you currently taking medications? If yes, please list all (including over the counter drugs/herbal supplements? _____

What skin products do you use on a regular basis? _____

Do you currently have or have you had any of the following medical conditions that could compromise your skin and/or services offered:

_____ AIDS/HIV

_____ HEPATITIS

_____ VARICOSE VEINS

Thank you for listing your current skincare regimen. This information will assist in guiding you to achieve healthy skin.

Please place a check mark under AM/PM for the products you currently use.

List the brands you use.

TYPE OF PRODUCT	AM	PM	BRANDS
CLEANSER			
EXFOLIATOR			
TONER			
VITAMIN C			
SKIN BRIGHTENER			
EYE CREAM/SERUM			
MOISTURIZER			
SPF (SUNSCREEN)			
TREINOIN AKA RETIN A			
ACNE PRODUCTS			
NECK CREAM/SERUM			
MASK			
EYELASH GROWTH PRODUCT			
OTHER			

Do you use a wash cloth? Yes No

Do you use a Clairasonic Brush? Yes No