WAXING CONSULTATION

Your name:
Date of birth:
Address:
Telephone:

Confidential - please indicate whether any of the following apply to you:

- Recent treatment from doctor or other healthcare practitioner
- Current medication (prescribed, over-the-counter or supplements)
- Recent scar tissue, cuts, bruises or other abrasions to area being waxed
- Skin disorders or infections (e.g. eczema, psoriasis, ringworm, etc)
- Sunburn or heat allergies
- Easily bruised, hypersensitive or highly reactive skin
- Use of Roaccutane or other acne products in last 6 months
- Current use of AHA or BHA products (e.g. glycolic or salicylic acid, etc)
- Use of steroid creams or steroid medication in last 3 months
- Varicose veins or capillary damage in treatment area
- Haemophilia
- Heart conditions
- High / low blood pressure
- Diabetes
- Oedema or other swelling in treatment area
- Nerve damage or increased / decreased sensitivity in the skin
- Epilepsy, fits or fainting attacks
- Allergies or intolerances (e.g. to lanolin, sticking plasters, nuts, etc)
- Conditions or medical treatment causing immuno-suppression
- Pregnancy
- Previous reactions to waxing

"I confirm that the above information is true to the best of my knowledge and belief. I have been fully informed about the expected results and effects of waxing and agree to follow all aftercare advice provided by my therapist. I hereby give my consent to proceed with treatment."

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