

CONSENT & WAIVER FOR ALL WAXING & TWEEZING

Client Name: _____ Phone: _____

Address: _____ Email: _____

Esthetician Name: _____ Date of Consultation: _____

MEDICAL INFORMATION:

*Do any of the following pertain to you?

- | YES | NO | |
|-----|-----|---|
| ___ | ___ | Currently taking medication(s) prescribed by a Dermatologist especially for acne or wrinkle prevention |
| ___ | ___ | Accutane/ Differin/ Tazorac/ Glycolic Acid/ Retin A/ Renova or any prescribed medication for acne or anti-aging |
| ___ | ___ | Clarasonic Brush/ Facial Exfoliating Scrubs/ Facial Peels Obagi |
| ___ | ___ | Currently or recently ill |
| ___ | ___ | Antibiotics/ Antiviral, Aspirin/ Ibuprofen medications |
| ___ | ___ | Autoimmune Disease/ Diabetes/ HIV/ Hepatitis/ Lupus |
| ___ | ___ | Allergies/ Allergic reactions |
| ___ | ___ | Birth Control/ Hormones |
| ___ | ___ | Botox/ Juvederm/ Restylene/ Other filler injections |
| ___ | ___ | Bruise Easily/ Unhealed Cuts |
| ___ | ___ | Herpes/ Cold Sores/ Fever Blisters |
| ___ | ___ | Irregular Pigmented Moles/ Warts/ Growths |
| ___ | ___ | Keloids/ Pigmented Scars |
| ___ | ___ | Pregnant/ Breast Feeding |
| ___ | ___ | Previous Laser Procedures/ Chemical Peels/ Dermabrasion/ Microdermabrasion |
| ___ | ___ | Recent Surgery/ Medical Procedures |
| ___ | ___ | Recent Travel |
| ___ | ___ | Smoke |
| ___ | ___ | Sunburn/ Tanning/ Indoor Tanning |
| ___ | ___ | Under the care of a physician that would affect or interfere with the followings service(s) |

PLEASE ACKNOWLEDGE THE FOLLOWING & DISCUSS WITH YOUR ESTHETICIAN:

- o Tweezing and waxing may cause sensitivities, even in clients with no prior history of any known sensitivities.
- o We are not able to provide service if you have broken skin, inflammation, suspicious growths, active herpes, using any AHA or BHA/ acid-based type products, or have a history of prior reactions to waxing.
- o If you are prone to Herpes/ Cold Sores/ Fever Blisters, you may need a prescription for Acyclovir/ Zovirax from your physician prior to having treatment. Always avoid exfoliating treatments during a breakout.
- o You may be more sensitive to the procedure if you are pre-menstrual or pregnant.
- o Anytime the skin is broken, there is a slight risk of bacterial and/ or viral infection.
- o You must keep treated area clean and dry. Moisturize and protect the newly exposed/ exfoliated skin with adequate sunscreen/ SPF 15 or higher, as you are more susceptible to sunburn and skin damage.
- o Avoid the use of any AHA or BHA/ acid-based type products for 2-4 days following service.
- o It is recommended that following the waxing procedure, you:
 - Avoid sun exposure for at least 24-48 hours after service
 - Avoid Jacuzzi, saunas, steam rooms, or other heat sources
 - Avoid using any kind of exfoliating, AHA or BHA/ acid-based type products
- *Consult with the Esthetician if you are using such products and discuss the appropriate length of time for discontinued use of products after service.

***By signing below, I acknowledge that I have read and understand the foregoing informed consent and agree to the service with associated risks. I hereby agree to have tweezing and/ or waxing services performed and agree to follow all of the pre and post treatment instructions. I release and hold Lash & Brow Envy, its employees and its representatives harmless from and all claims/ damages associated with this procedure.**

Client Signature: _____ Date: _____

Parent/ Guardian: _____ Date: _____

(If client is under 18 years of age)