



## WAXING CONSENT FORM

ALL CLIENTS Must fill out the Client Intake Form. Please do that form first.

All information is kept confidential and helps your Esthetician determine appropriate action for both treatments and home care.

Full name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
*First name, Last name* *Month, day, year*

Have you ever had a waxing service before?

Yes  No

What areas are we waxing today?

\_\_\_\_\_  
\_\_\_\_\_

Do you experience ingrown hairs?

Yes  No  Not sure

Do you experience bumps or break outs after waxing?

Yes  No  Never been waxed

I consent to a waxing treatment in order to remove unwanted hair.

I have been informed that secondary effects may occur but not limited to:

1. Skin removal
2. Redness, Swelling, and Tenderness
3. Hyper-pigmentation or Hypo-pigmentation
4. Allergic reaction to product ingredients
5. Bleeding from multiple thick hairs (pin pricks)

This Treatment has been explained to me and I have been given satisfactory answers to my questions. I have addressed any concerns with my Esthetician. I understand post-treatment home care instructions, such as using PFB a hair inhibitor daily to reduce/eliminate ingrown hairs. I am willing to follow recommendation made by my Esthetician including but not limited to avoiding sun exposure and tanning beds, excessive heat (saunas and hot tubs), sweat, sex, exfoliation, and use of all active products on the area that has been waxed for the next 24-48 hours or more if I have been instructed. I understand my Esthetician will take every precaution to minimize or eliminate negative reactions as much as possible. I have read, fully understand and agree to the above treatment information and recommendations and hereby waive any claim for damages of any kind whatsoever against Michelle Cook Esthetics and/or Michelle Cook.

Signature \_\_\_\_\_ Date \_\_\_\_\_