

Waxing Consultation Form

Client Name	Date:
Last First	
If under 18, please provide your age	_
Waxing certain areas can be uncomfortable	We attempt to minimize discomfort by waxing with a
professional technique. In addition, there are	e also steps that can be taken before the procedure, such
as taking ibuprofen or other oral analgesic b	efore the procedure. Please tell us if there is anything we
can do to make your waxing experience mo	re comfortable.
Are you currently taking Accutane? Yes No	
Are you currently using Retin-A / Tretinoin /	Renova / Acne Medicine? Yes No
Have you ever been waxed before today? Ye	es No
Have been diagnosed with diabetes? Yes No	
Do you have any known allergies? Yes No	
Description of allergies	

Possible Complications with waxing procedures:

Sensitive skin can burn from waxing procedures. Accutane and Retin-A or Tretinoin are drying to the skin, therefore, waxing may lead to removal of skin, which may cause scarring. Waxing over sunburned or very tanned skin may lead to removal of the skin, which may cause scarring.

Diabetics have a very hard time healing when a wound or lesion occurs to the skin, as the immune system is unable to function fully to fighting bacteria. Allergies to any of the product ingredients used in waxing may cause severe allergic reaction.

I confirm (to the best of my knowledge) that the information I have provided is accurate and complete. I have not withheld any information that may be relevant to my treatment and/or the results thereof. I am aware that there are often inherent risks associated with skin care services including waxing procedures, and that the services I am about to receive could have unfavorable results including, but not limited to: allergic reaction, irritation, burning, redness, scarring, soreness, etc. By signing below, I further agree that I will not hold The Cat's Meow Wax Studio or its affiliates or any of its employees responsible should there be any unfavorable outcome or result.

	X	X
Client	If und	er 18, Parent or Guardian
Parent or Guardian (Must be	completed for clients under the	e age of 18)
In consideration of ("Minor")		(print minor's name)
being permitted by The Cat's	Meow Wax Studio to participa	te in its waxing services. I further agree to
indemnify and hold harmless	The Cat's Meow Wax Studio fr	om any and all claims which are brought by,
or on behalf of Minor, and wh	nich are in any way connected v	with such services by Minor.
Signature of Parent or Guardi	an	
Print Name		Date