



Waxing Client Information & Consent Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Birthdate: _____ Occupation: _____

How did you hear about Spa Western? _____

Emergency Contact (Name, Relationship, Phone Number): _____

Have you received waxing treatments in the past? _____ Yes _____ No

Have you had an reaction from waxing in the past? _____ Yes _____ No

If yes, please explain: _____

Are you using any home care in between waxing appointments? _____ Yes _____ No

Spa Western Skin Care Treatment Guidelines

Your skin care therapist will need an updated list of medications, supplements, allergies and sensitivities, as well as any relevant medical history changes since your initial consultation in order to ensure you receive the best treatment. Any changes to this list without the skin therapist being aware can affect how your skin reacts to treatments and your home care.

Your skin care therapist will adjust your home care routine on a regular basis to keep your skin progress moving forward. If your home care routine is not changed often enough, your skin will adapt to the regimen and stop responding. In other words, you won't progress and reach your goals.

Due to expensive spa equipment and skin care products in our treatment rooms that can be dangerous to children, we ask you make arrangements for your children during your service. We have childcare available for members & spa guests who want to utilize spa services. Please call at least 24 hours in advance to reserve your child's spot in our childcare.

If you are more than 15 minutes late for your appointment, your skin care therapist does not guarantee you will be seen. If you do not show up for you appointment on multiple occasions, the skin care therapist has the right to charge you for your scheduled service.

Please leave your cell phone on silent or turned off during treatment so it is not a distraction to you or your skin care therapist. If your phone must be on for a specific reason, please let your skin care therapist know at the beginning of the treatment.



Please check the box if you have or have had any of these health conditions:

- | | | |
|---|--|---|
| <input type="checkbox"/> AIDS or HIV | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Phlebitis, blood clots, poor circulation |
| <input type="checkbox"/> Any active infection | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Seizure disorder |
| <input type="checkbox"/> Blood clotting abnormalities | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Skin diseases |
| <input type="checkbox"/> Blood transfusion | <input type="checkbox"/> Herpes | <input type="checkbox"/> Skin lesions |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Spinal injury |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Immune disorders | <input type="checkbox"/> Systemic disease |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Lupus | <input type="checkbox"/> Thyroid condition |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Rosacea | <input type="checkbox"/> Varicose veins |
| <input type="checkbox"/> Frequent cold sores | <input type="checkbox"/> Redness from recent sun exposure or tanning bed | <input type="checkbox"/> Difficulty laying flat |

Other active dermatological disorders: _____

Are you currently on your menstrual cycle? _____ Yes _____ No

Are you currently pregnant? _____ Yes _____ No

Please check if you are using any of the following:

(These products can make the skin more sensitive to waxing. Your skin can become more sensitive, thin and higher chance of extra sensitivity to waxing. Some of these ingredients can be found in your home skin care routine. We ask you inform your skin therapist of any changes to this list for future waxing appointments.)

- | | |
|---|---|
| <input type="checkbox"/> Bleaching agents (used mostly for upper lip) | <input type="checkbox"/> Alpha Hydroxy (Glycolic, Lactic) |
| <input type="checkbox"/> Benzoyl Peroxide | <input type="checkbox"/> Retinol (Vitamin A) |
| <input type="checkbox"/> Topical or Oral Antibiotics | <input type="checkbox"/> Other acid-based skin products |
| <input type="checkbox"/> Other medications | <input type="checkbox"/> Steroids |
| <input type="checkbox"/> Bleaching agents for pigmentation of skin | <input type="checkbox"/> Salicylic acid |
| <input type="checkbox"/> Depilatories (Nair, Hydraquinone, Tri-luma) | |



Contraindications of Waxing:

- Skin that is red from a tanning bed, sunburn, rash or any other irritation cannot be waxed.
- No cryotherapy for a minimum of 24 hours after body waxing or cryofacial after face waxing
- You must wait a minimum of 7 days before waxing after a light chemical peel or Microdermabrasion treatment.
- Waxing cannot be performed if you have had laser skin resurfacing within the past year.
- After a botox treatment or other injections you need to wait 72 hours before getting waxed
- Moles cannot be waxed, your skin therapist will wax around it.
- Must wait a minimum of 7 days before or after dermaplaning to get facial waxing.

If you want to include waxing with your dermaplaning appointment we will wax and not dermaplane over the same area.

- No hot baths or hot tub for 24 hours following a body waxing treatment.
- No swimming in chlorine for 24 hours following a waxing treatment.
- No abrasives/body scrubs for 24 hours following a waxing treatment.
- No deodorants for 24 hours following an underarm waxing treatment.

I understand, have read and completed this questionnaire truthfully. I understand that withholding information from my skin care therapist may result in contraindications or skin irritation from treatments received at Spa Western. The skin care treatments I receive at Spa Western are voluntary and I release Spa Western and their employees from liability and assume full responsibility thereof.

Printed Name

Signature

Date

For guests under the age of 18:

As the parent or legal guardian of _____ (minor's name), I give permission for her/him to have spa services performed at Spa Western. I confirm that I have read and understand all information on the applicable forms for this treatment or service, and accept responsibility on my child's behalf for any disclosures or liabilities described on these forms. I agree to supervise any home care procedures that are recommended as a result of the treatment.

Full name of parent or guardian

Signature of parent or guardian

Signature of Skin Care Therapist

Date

Signature of WRFC employee
(f Skin Care Therapist is not available)

This form must be signed in person by the parent or guardian at the time of the service or before the service, witnessed by the skin care therapist or another Western Racquet and Fitness Club employee.