Waxing Client Consultation Form

Full Name

Date of Birth

Phone Number

Email Address

Emergency Contact (Name & Phone)

Areas to be Waxed

Are you currently taking any medications (topical or oral)? If yes, please list.

Medical History

Do you have any of the following conditions?

- [ ] Diabetes
- [ ] Pregnant
- [ ] Skin Sensitivities/Allergies
- [ ] Using Acne Treatment
- [ ] None

Do you use any skin care products? If yes, please list.

Have you been waxed before?

Have you ever had an adverse reaction to waxing?

List any allergies (including to wax, latex, etc.):

Additional Information or Concerns

Client Signature

Date