



WAXING CONSULTATION FORM

Confidential - please read the contraindications below and state whether any of the following apply to you when booking your appointment. Your therapist will give professional advice accordingly on any contraindications that may prevent or alter treatment. You will also be informed on pre treatment and after care routines. A copy of this form will need to be signed on attendance before treatment can proceed.

- Recent treatment from doctor or other healthcare practitioner
- Current medication (prescribed, over-the-counter or supplements)
- Recent scar tissue, cuts, bruises or other abrasions to area being waxed
- Skin disorders or infections (e.g. eczema, psoriasis, ringworm, etc)
- Sunburn or heat allergies
- Hypersensitive or highly reactive skin
- Use of Roaccutane or other acne products in last 6 months
- Current use of AHA or BHA products (e.g. glycolic or salicylic acid, etc)
- Use of steroid creams or steroid medication in last 3 months
- Varicose veins or capillary damage in treatment area
- Haemophilia
- Heart conditions
- High/low blood pressure
- Diabetes
- Oedema or other swelling in treatment area
- Nerve damage or increased / decreased sensitivity in the skin
- Epilepsy, fits or fainting attacks
- Allergies or intolerances (e.g. to lanolin, sticking plasters, nuts, etc)
- Conditions or medical treatment causing immuno-suppression
- Pregnancy
- Previous reactions to waxing

"I confirm that the above information is true to the best of my knowledge and belief. I have been fully informed about the expected results and effects of waxing and agree to follow all aftercare advice provided by my therapist. I hereby give my consent to proceed with treatment."

Signed: _____

Print Name: _____

Date: _____