

## Waxing Intake Form For Evolve Massage and Wellness Center

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**How do you want us to confirm your future appoints?**  **Call me at the above number.**  
 **Send me a text, please don't call me**

	Yes	No
Have you used any Apha Hydroxy Acid (AHA) or glycolic products in the past 48-72 hours?	<input type="checkbox"/>	<input type="checkbox"/>
Are you using Retin-a, Renova, or Accutane (an oral form of Retin-a)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you using any other skin thinning products and/or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Are you exposed to the sun on a daily basis or are you considering spending more time in the sun soon?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use a tanning bed?	<input type="checkbox"/>	<input type="checkbox"/>
Are you diabetic?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking medications? IF so list (including over the counter drugs/herbal supplements): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any allergies? If yes, please list. _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been treated for cancer? If yes, what types of therapies were used? _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any other illness/condition you are currently being treated for by a medical professional? If yes, list: _____	<input type="checkbox"/>	<input type="checkbox"/>
What products do you use regularly on your skin? _____		

**Please note that waxing does have certain side effects such as skin removal, redness, swelling, tenderness etc.**

I have read the above information and if I have any concerns, I will address these with my skin therapist. I give permission to my therapist to perform the waxing procedure we have discussed and will hold her and her staff harmless from any liability that may result from this treatment. I have given an accurate account of the questions asked above including all known allergies or prescription drugs or products I am currently ingesting or using topically. I understand my esthetician will take every precaution to minimize or eliminate negative reactions as much as possible.

I understand I am responsible for following the post-treatment home care instructions. I am willing to follow recommendations made by my esthetician for a home care regimen that can minimize or eliminate possible negative reactions. In the event that I may have additional questions/concerns regarding my treatment or suggested home product/home-treatment care, I will consult the esthetician immediately.

**Please continue to read and sign next page!**

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**Cancellation Policy and Arriving Late-** 24-hour notice is required when cancelling an appointment. This allows the opportunity for someone else to schedule an appointment. There will be a **\$25** fee assessed to your account for any late cancellations or no-show clients. If you arrive late, your session will be shortened to accommodate appointments that follow yours. Regardless of the length of the treatment given, the session will be charged in full.

**Client Consent/Liability Waiver-***Massage/ bodywork should not be performed under certain medical conditions.* The information that I provided is accurate and complete. I agree to keep Evolve informed of any changes in my medical profile and understand that there shall be no liability on Evolve's part should I fail to do so. The services I am scheduled for require person to person contact. By signing below, I am acknowledging this and giving permission to be treated at Evolve Massage and Wellness Center, LLC. Evolve Massage & Wellness Center is not responsible for any items that you may leave unattended. We strongly recommend leaving expensive, personal items at home, or locked in your car. If you do bring them with you, be sure to gather all items from the treatment room prior to leaving.

By signing this Agreement, I RELEASE OF LIABILITY AND AGREEMENT NOT TO SUE, INDEMNIFICATION, HOLD HARMLESS, LIMITATION OF WARRANTY Evolve Massage and Wellness Center responsible for contracting communicable/contagious diseases and conditions such as, but not limited to, Influenza, COVID-19, other viruses, and contagious skin conditions.

Any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment for the scheduled appointment.

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_