



Allergies:

Waxing Intake Form

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone number: _____ Would you like to receive confirmation text messages or emails?

Email: _____ (circle one) Text Email Both

How were you referred to Evolve? _____

In case of emergency, contact: _____ # _____

Skin Information

Yes No

1. Have you used any Alpha Hydroxy Acid (AHA) or glycolic products in the past 48-72 hours? Yes No

2. Are you using Retin-A, Renova, or Acutane? Yes No

3. Are you using any other skin-thinning products and/or drugs? Yes No

If yes, please list: _____

4. Are you exposed to the sun on a daily basis, or are you considering spending more time in the sun soon? Yes No

5. Do you use a tanning bed? Yes No

6. Are you diabetic? Yes No

7. Are you currently taking medications? Yes No

If yes, please list: _____

8. Do you have any allergies? Yes No

If yes, please list: _____

9. Have you ever been treated for cancer? Yes No

If yes, what types of therapies were used? _____

10. Do you have any other illness/condition that you are currently being treated for by a medical professional? Yes No

If yes, please describe: _____

11. What are you currently using on your skin? _____

Please note that waxing can 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 have read and understand 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.

I agree that this constitutes full disclosure, and that supersedes any previous verbal/written disclosures. I certify that I have read and understand the above paragraphs and I have had sufficient opportunity for discussion. I understand the procedure and accept the risks. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today

Client Signature: _____ Date: _____

Esthetician Signature: _____ Date: _____