



Guest Intake Form

NAME: _____ BIRTHDAY: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ EMAIL: _____

EMERGENCY CONTACT & PHONE #: _____

WOULD YOU LIKE TO RECEIVE EMAILS WITH UPDATES AND OFFERS? YES NO

WHERE HAVE YOU HEARD ABOUT US? _____

MEDICAL & COSMETIC HISTORY

DO YOU HAVE ANY ALLERGIES? NO YES: _____

ARE YOU CURRENTLY TAKING ANY MEDICATIONS/SUPPLEMENTS? (INCLUDING TOPICALS)

NO YES: _____

HAVE YOU HAD A WAXING TREATMENT BEFORE? NO YES: _____

HAVE YOU HAD A REACTION TO A WAXING TREATMENT? NO YES: _____

HAVE YOU TANNED, INCLUDING SELF-TANNER, IN THE LAST 48 HOURS? NO YES: _____

HAVE YOU SEEN A DERMATOLOGIST FOR ANYTHING IN THE LAST YEAR?

NO YES: _____

ARE YOU PRONE TO ANY OF THE FOLLOWING? MARK ALL THAT APPLY

BRUISING INGROWN HAIRS HYPERPIGMENTATION SCARRING LIFTING

*I understand that these may occur post wax and accept that I will be informed if that happens and how to properly manage it.

PREGNANT OR NURSING? NO YES CURRENTLY USE PRODUCTS SUCH AS NO YES

DIABETES? NO YES /CONTAINING: ACCUTANE, RETINOIDS, ALPHA
OR BETA-HYDROXY ACID, OR GLYCOLIC ACID?

EPILEPSY? NO YES TAKEN ANY BLOOD THINNERS, ASPIRIN, OR NO YES

CURRENTLY MENSTRUATING? NO YES ANTI-COAGULANTS IN THE LAST 24 HOURS?

SKIN CONDITIONS? NO YES

CANCELLATION POLICY

Please note that all appointments must be canceled at least 12 hours prior to the scheduled start time.

Cancellations within 12 hours of the appointment: A full charge for the service will be applied. Cancellations with more than 12 hours' notice: No fee will be charged. No-shows: A full charge for the service will be applied.

I have read, understand, and agree to this cancellation policy. _____