

# THE HONEY WILDFLOWER NEW CLIENT CONSENT FORM

Please fill out the information below in order to proceed with your treatment.

CLIENT NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

*All information contained herein is strictly confidential and for the use of The Honey Wildflower Wax Studio.*

HOW DID YOU HEAR ABOUT THE HONEY WILDFLOWER?  
\_\_\_\_\_

HAVE YOU HAD A WAX SERVICE BEFORE? \_\_\_\_\_

IF YES, WHEN WAS YOUR LAST WAX? \_\_\_\_\_

DO YOU HAVE ANY KNOWN ALLERGIES? \_\_\_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

DO YOU CONSIDER YOUR SKIN TO BE SENSITIVE? \_\_\_\_\_

HAVE YOU HAD ANY RECENT TREATMENTS FROM A DERMATOLOGIST OR OTHER  
SKIN CARE THERAPISTS? \_\_\_\_\_

HAVE YOU TAKEN ACCUTANE WITHIN THE PAST YEAR?  YES  NO

ARE YOU USING RETIN-A, RETINOL, DIFFERIN, RENOVA, GLYCOLIC ACID, ALPHA  
HYDROXY ACID (AHA), OR ANY OTHER THINNING PRODUCTS/DRUGS?  YES  NO

ARE YOU TAKING ANY MEDICATIONS THAT MAKE YOU  
PHOTO-SENSITIVE?  YES  NO

DO YOU FREQUENT TANNING BEDS?  YES  NO

ARE YOU CURRENTLY SUNBURNED?  YES  NO

ARE YOU DIABETIC?  YES  NO

IF YOU ARE USING ANY OF THE FOLLOWING MEDICATIONS, YOU CAN NOT BE  
WAXED TODAY: **ACCUTANE, ADAPALENE, ISOTRETINOIN, RETIN-A, RENOVA,  
ALUSTRA, AVITA, TAZAROTENE, TRETINOIN, AVAGE, OR DIFFERIN.**

DO YOU CURRENTLY HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING MEDICAL CONDITIONS THAT COULD COMPROMISE YOUR SKIN AND/OR SERVICES BEING OFFERED:

- AIDS/HIV  - HEPATITIS  - VARICOSE VEINS  - ECZEMA/PSORIASIS  - HERPES  - CANCER  - COLD SORES/FEVER BLISTERS

YOU MAY EXPERIENCE SKIN SENSITIVITY/THINNING, WHICH CAN RESULT IN SKIN LIFTING, FROM THE FOLLOWING: **SUNBURNED SKIN, RETINOL, CERTAIN MEDICAL CONDITIONS, PREGNANCY, ANTIBIOTICS, OTHER MEDICATIONS NOT LISTED, OR MENSTRUATION.**

#### CONSENT AND SIGNATURE

I understand the risks and dangers of waxing and agree to hold harmless The Honey Wildflower Wax Studio of all liability in relation to the service being provided. I agree if I begin use, or are currently using, any of the products listed in the above warning and do not inform The Honey Wildflower Wax Studio prior to current or future treatments, I accept full responsibility for any adverse reactions.

It is understood that waxing may cause some redness, bumps, soreness, and/or itching.

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

**Print Name:** \_\_\_\_\_

People under 18 years of age receiving a wax or facial service must have a parent/guardian consent in order to proceed with a treatment.

**Parent/Guardian Consent (Under 18 Years of Age)**

I, \_\_\_\_\_ [Parent/Guardian], authorize The Honey Wildflower Wax Studio to perform treatment on \_\_\_\_\_ [Name of Child].

**Signature of Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name: \_\_\_\_\_