



## Intake form: Waxing

**Please Note:** This a fragrance free establishment. Any perfumes, smoke, or scents may cause a severe reaction in others.



Please fill out the form below.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred communication for confirming appointments and other special offers:

Phone \_\_\_\_\_ Email \_\_\_\_\_ Text \_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Occupation: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_

Referred by: \_\_\_\_\_

I, \_\_\_\_\_, give consent to the service provider at Salt MedSpa to perform the following wax services: \_\_\_\_\_.

- \_\_\_ I have not used a scrub, Retin-A, Retinol, microdermabrasion, peel, exfoliated or tanned in the last 72 hours.
- \_\_\_ I have been off of Accutane for at least twelve (12) months or have never taken it.
- \_\_\_ Some possible side effects include redness, swelling and pimples, but these are temporary and generally fade within 72 hours.
- \_\_\_ For Brazilian and/or bikini waxing, I will notify my provider if I am on my menstrual cycle.
- \_\_\_ I do not have any open skin lesions or active herpes outbreak (cold sore or genital).
- \_\_\_ I understand that with treatment certain risks are involved and that any complications or side effects from known or unknown causes could occur. I freely assume these risks.
- \_\_\_ I agree to adhere to all safety post care including: no peels, tanning or wet room services; no spas/hot tubs for 72 hours after waxing; and all home skin care protocols as recommended by my service provider.
- \_\_\_ I am over 18 years of age or I have parental consent co-signed below.
- \_\_\_ I will call to inform my service provider of any complications or concerns I may have as soon as they occur.

My signature acknowledges that I have read and agree to receive the treatments or series of treatments listed above and that I will adhere to all of the aforementioned statements that I have initialed. Lockers have been provided for your convenience, SMS is not responsible for personal items.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date