

INNERLIGHT HEALTH SPA

(845) 229-9998 - www.InnerLightHealthSpa.com

Waxing Consultation Form

Name _____ Date _____ Telephone Number _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Would you like to receive the monthly InnerLight Bulb e-Newsletter? **Yes** **No**

How did you hear about us? _____

Date of Birth ____/____/____ Height _____ Weight _____

Known Allergies _____

Topical Medications _____

Oral Medications _____

Contraindications

- ____ Broken Skin
- ____ Inflammation
- ____ Suspicious growth
- ____ Accutane
- ____ Active Herpes

Use Caution

- ____ AHAs, Retin-A, Renova
(discontinue 48 hours prior)
- ____ Diabetes
- ____ Flat moles
- ____ Phlebitis
- ____ Fragile capillaries

Have you ever had any adverse reactions to waxing? If yes, please explain:

Referred by _____

It has been explained to me that following the waxing procedure, I should: *Apply a sunblock with an SPF of atleast 15, *Avoid use of loofah or other abrasives on the waxed area, *Avoid sauna, steam room, Jacuzzi or other heat sources (Please note that you may be more sensitive to the waxing procedure if you are premenstrual or taking antibiotics).

I attest that the above information is true to the best of my knowledge and I release InnerLight Health Spa, with associated therapists, of liability as a result of anything other than malpractice.

Client Signature _____ Date ____/____/____

Waxing Specialist Name Waxing Specialist Signature Date