

CLIENT WAXING ASSESSMENT FORM

Name Date

Are you currently using, or have used topical products on the face and neck containing AHAs (glycolic or lactic acid), BHAs(Salicylic acid), or lightening or bleaching gels? (Recommended to wait at least 48 hours; but a week is better) YesNo

If yes, When?

Have you had Microdermabrasion, laser resurfacing, light therapy, or injectable treatments at any other location? (wait 4 weeks or longer-treatment dependent) YesNo

Are you taking acne drugs and/or using exfoliating topical products such as Retin-A or other vitamin A products? (wait at least 3 months or longer-drug Dependent) YesNo

If Yes When

Exposure to continuous sun, or shaved, scrubbed, or experienced any recent peeling or irritation in the last 48 hours? YesNo

Skin Treatments: **Date:**

Medical Conditions: **Current Medications:**

Pregnant or Lactating? YesNo

Seen or seeing a dermatologist? YesNo

Name of Doctor:

Product or Medication allergies?
 Previous reactions to waxing products?

History of fever blisters or coldsores? YesNo

Tanning regimine or use of tanning booths? YesNo



Frequency:

X _____



Signature Certificate

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Audit

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This audit trail report provides a detailed record of the online activity and events recorded for this contract.

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