

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) ☐Yes☐No

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) ☐Yes☐No

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) ☐Yes☐No

If Yes When

Exposure to continuous sun, or shaved, scrubbed, or experienced any recent peeling or irritation in the last 48 hours? ☐Yes☐No

Skin Treatments: **Date:**

Medical Conditions: **Current Medications:**

Pregnant or Lactating? ☐Yes☐No

Seen or seeing a dermatologist? ☐Yes☐No

Name of Doctor:



Product or Medication allergies?

Previous reactions to waxing products?

History of fever blisters or coldsores? ☐Yes ☐No

Tanning regime or use of tanning booths? ☐Yes ☐No

Frequency:

X

Signature Certificate

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Audit

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online activity and events recorded for this contract.

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