



Consultation for Sugaring/Waxing Procedure

Name _____ Date _____

Phone _____ Address _____

Email _____

Referred by _____

Emergency Contact _____ Phone _____

General Health Information:

Have you had any adverse reactions to sugaring/waxing in the past? If so please explain _____

Do you have any food or cosmetic allergies? Y ___ N ___

If yes, explain: _____

Are you on any medications? _____

Are you currently using any of the following items on your skin?

Retin_A _____ Retinol _____ Accutane _____ AH or BH Acids _____

SPF _____ Chemical Peels _____ E-mycin-T _____

Antibiotics _____ Cortisone _____

Benzoyl Peroxide _____ Glycolic Acid _____ Salicylic Acid _____ Sulfas _____

Do you have or have you had:

Skin Cancer _____ Epilepsy _____ Swelling or Bruising _____
Rashes or Sores _____ Lesions or Cuts _____ Sunburn _____ Skin Cancer _____
Varicose Veins _____ Psoriasis _____ Scar Tissue _____ Pregnant _____
Seeing an Esthetician _____ Wear Contacts _____ Eczema _____ TMJ _____
Raised Moles or Skin Tags _____ Diabetes _____ Seeing a Dermatologist _____

What challenges are you currently having? _____

Any other concerns that are not listed here that should be noted? If yes, please describe _____

I hereby release *Spa Fleurishe*, its owner, officers, employees, agents, or its assigns from any & all liability arising from or as a result of any treatment(s) I will receive today & during all future appointments. I accept the risks & understand this procedure.

I also understand and agree that canceled or missed appointments without 24 hours notice may be charged in full for the price of the missed session.

Client Signature: _____

Date: _____