



## New Client Questionnaire: Waxing

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

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

### Client

#### Initials **Acknowledgement**

I understand that dry skin and/or regular skin sensitivity may cause irritation and/or tearing of the skin during a waxing service of any kind.

I understand that I should not wax if I use certain medications and/or products that increase the sensitivity of the skin, such as Acutane, Diferen, Renova, Retin-A, blood thinners, high dosage(s)/frequency of antibiotics, or products containing retinol and/or alpha-hydroxy acids.

I understand that sensitivity is not limited to the above-listed products; and, it is my responsibility to discuss any products that I may be using with my aesthetician.

I understand that redness, sensitivity, peeling, or other reactions may occur as the result of facial treatments. If I experience any pain or discomfort during my session, I will immediately inform the aesthetician so that the products and/or techniques used may be adjusted to my level of comfort.

I understand that aestheticians are not qualified to diagnose, adjust, prescribe, or treat any disease or illness; and, that a facial should not be used as a replacement for medical treatment.

The treatment(s) I receive is/are voluntary and I release DNK Skin and/or aesthetician from liability and assume full responsibility thereof.

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Client Signature

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Date