WAXING INTAKE

sana vida

Name _____

Address _____

City _____ State _____ Zip_____

E-Mail _____

Phone: Home _____ Cell_____ Work_____

Birthday_____ Age _____ How did you hear about us?

Have you ever had problems with wax products? yes no
If yes, please specify: _____

Exfoliation History
Have you had a chemical peel, microderm, or any resurfacing treatment? Yes no In the last mo?
Use Accutane, Retin A, Renova, or any other prescription skin products? Yes no In the last 3mos?
Are you currently using any products that contain the following ingredients?
glycolic acid **lactic acid** **exfoliating scrub** **hydroxy acid** **vitamin a derivatives**

Questions to Discuss Every Visit
Have you started any new medication since your last visit? yes no
Have you taken antibiotics within the last 7 days? yes no

I confirm (to the best of my knowledge) that the answers I have given are correct and that I have not withheld any information that may be relevant to my treatment. ***Please Note***: *Accutane, Retin A, Renova and anitbiotics can cause your skin to thin. Waxing and using exfoliants while using these products can tear and could result in scaring. Please do not withhold this Information when asked by your skincare therapist.*

Client Signature _____ **Date**_____

This intake form is to correctly evaluate your special skin care needs. This information is confidential and may be disclosed only to staff members, risk or quality improvement personnel to assess the quality of care and will not be passed on to a third party.