



154 Mine Lake Court ~ Raleigh NC 27615 ~ (919) 623-0361 ~ FullMoonWaxing.com

Client Information & Consent Form

Full Name: _____ Date of Birth: _____

Address: _____

Email: _____ Phone #: _____

Have you used in the past 48-72 hours, or are you currently using any Alpha Hydroxy Acid (AHA) or glycolic products?
 Yes No

Have you ever used, or are you currently using Retin-A, Renova, or Accutane? Yes No

Are you using any other skin thinning products and/or drugs that thin the blood? Yes No

Are you exposed to sun and/or tanning beds on a daily basis, or are you considering spending more time in the sun soon? Yes No

Are you diabetic? Yes No

Do you bruise easily? Yes No

List all current skin conditions, if any (i.e. herpes, psoriasis, eczema, allergic dermatitis, etc.):

List all current medications, oral or topical (include over-the-counter medications):

How did you hear about Full Moon Waxing (i.e. Google search, client/word of mouth, etc.)?

I have read the above information and have given an accurate account of the questions. If I have any concerns, I will address these with my Esthetician. I give permission to my Esthetician to perform the waxing procedure we have discussed and will hold her harmless from any liability that may result from this treatment. I understand that my Esthetician will take every precaution to minimize or eliminate negative reactions as much as possible.

(Client Signature)

(Date)

Depending on your browser, you may have to print the document to sign it.