

# Client Consent: Sugar Wax Hair Removal

## Name

First Name

Last Name

## Phone Number

Area Code

Phone Number

## Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

## Email

example@example.com

Sugaring hair removal, an ancient practice used in various cultures around the world, is similar to waxing, but the paste sticks to the hair and not to the skin, which causes less redness, pain, and inflammation.

Our mixture is made of natural ingredients so there is less irritation and it washes off easily with water. Just like waxing, if unknown skin conditions are not disclosed, sugaring could lead to painful or infected ingrown hairs, or bruising.

Everyone reacts differently to sugaring. If this is your first time, it's important to take proper care of your skin following your treatment.

1. Exfoliate daily using True Smoothing Serum.
2. Avoid Heat. No tanning, sun bathing, hot tubs or saunas 48 hours after your treatment.
3. Refrain from taking a hot bath, exercising or friction for 2 hours following your treatment.

**Are you using Retin-a, Renova, (an oral form of Retin-a), Tazorac, Differin, Azelaex or other peeling agents containing topical Vitamin A?**

Yes

No

**Have you recently used chemical or manual exfoliation using Alpha Hydroxy Acid (AHAs) or Beta Hydroxy acids BHAs), microdermabrasion or dermaplane?**

Yes

No

**Are you currently using Accutane or currently within a year of using?**

Yes

No

**Are you using any other skin thinning products and/or drugs?**

Yes

No

**Are you exposed to the sun on a daily basis or are you considering spending more time in the sun soon?**

Yes

No

**Do you use a tanning bed?**

Yes

No

**Do You have any open wounds or sores in the area to be sugar waxed?**

Yes

No

**Do You have any warts, skin tags or varicose veins in the area to be sugar waxed?**

Yes

No

**Are you diabetic?**

Yes

No

**Are you using blood thinning medication?**

Yes

No

**Are you currently taking medications? If so, please list all (including over the counter drugs/herbal supplements):**

**Have you ever been treated for cancer? If yes, when and what types of therapies were used?**

**Please list any other illness/condition you are currently being treated for by a medical professional**

I understand that if I have any concerns, I will address these with my skin care specialist.

I have given an accurate account of the questions asked above including all known allergies or prescription drugs or products I am currently ingesting or using topically. I understand my esthetician will take every precaution to minimize or eliminate negative reactions as much as possible. I have read and understand the post-treatment home care instructions.

I am willing to follow recommendations made by my esthetician for a home care regimen that can minimize or eliminate possible negative reactions. In the event that I may have additional questions or concerns regarding my treatment or suggested home product / post-treatment care, I will consult the esthetician immediately.

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand the procedure and accept the risks. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

**Name**

First Name

Last Name

## Date



Month Day Year

## Tags

```
{"todo":{"key":"todo","value":"Todo","color":"#FED3DB"},"inprogress":{"key":"inprogress","value":"In Progress","color":"#FBEBB5"},"done":{"key":"done","value":"Done","color":"#D3FED4"}}
```