

# INNERLIGHT HEALTH SPA

(845) 229-9998 - www.InnerLightHealthSpa.com

## Waxing Consultation Form

Name \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

**Would you like to receive the monthly InnerLight Bulb e-Newsletter?**    **Yes**    **No**

How did you hear about us? \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Known Allergies \_\_\_\_\_

Topical Medications \_\_\_\_\_

Oral Medications \_\_\_\_\_

### Contraindications

- \_\_\_\_ Broken Skin
- \_\_\_\_ Inflammation
- \_\_\_\_ Suspicious growth
- \_\_\_\_ Accutane
- \_\_\_\_ Active Herpes

### Use Caution

- \_\_\_\_ AHAs, Retin-A, Renova  
(discontinue 48 hours prior)
- \_\_\_\_ Diabetes
- \_\_\_\_ Flat moles
- \_\_\_\_ Phlebitis
- \_\_\_\_ Fragile capillaries

Have you ever had any adverse reactions to waxing? If yes, please explain:

\_\_\_\_\_

Referred by \_\_\_\_\_

It has been explained to me that following the waxing procedure, I should: \*Apply a sunblock with an SPF of atleast 15, \*Avoid use of loofah or other abrasives on the waxed area, \*Avoid sauna, steam room, Jacuzzi or other heat sources (Please note that you may be more sensitive to the waxing procedure if you are premenstrual or taking antibiotics).

I attest that the above information is true to the best of my knowledge and I release InnerLight Health Spa, with associated therapists, of liability as a result of anything other than malpractice.

Client Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Waxing Specialist Name

\_\_\_\_\_  
Waxing Specialist Signature

\_\_\_\_\_  
Date