



BEAUTY BAR  
MEDISPA

# WAXING & TINTING CONSENT FORM

Patient Name: \_\_\_\_\_

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

## Waxing

Have you used any Alpha Hydroxy Acid (AHA) or glycolic products in the past 48-72 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you using Retin-a, Renova or Accutane (an oral form of Retin-a)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you using any other skin thinning products and/or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you exposed to the sun on a daily basis or are you considering spending more time in the sun soon?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use a tanning bed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you diabetic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When is your next menstrual cycle due to begin? (Female Clients - Always allow five days for menstrual cycle. Because of water retention and for your own personal comfort, you should avoid hair removal two days before your cycle is due and two days after it is completed.)	

Please note that waxing does have certain side effects such as skin removal, redness, swelling, tenderness, etc.

## Tinting

Have you ever used hair color before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had an allergic reaction to hair color?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wear contacts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had your brows or lashes tinted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you had an adverse reaction to a previous tinting, please explain:	
List any allergies you have:	

Although every precaution will be made to ensure your safety and well-being before, during and after your waxing/tinting application, please be aware of the possible risks below. Please initial:

- \_\_\_\_\_ I understand that tinting lashes or brows has some inherent risk of irritation to the orbital eye area, including the eye itself, and could result in stinging or burning, blurry vision and potentially blindness should the tint enter into the eye.
- \_\_\_\_\_ I understand that if the waxing/tinting agent, developer, or mixture of both accidentally comes into contact with my eye, my eye will be flushed with water and medical attention may be required.
- \_\_\_\_\_ I understand that some irritation, itching or burning may occur to the skin which comes in contact with the waxing/tinting agent.
- \_\_\_\_\_ I understand that there may be some residual dark staining left on the skin following the tinting process of either my lashes, brows or both. This will fade and go away within a short time.
- \_\_\_\_\_ I understand that, while every attempt will be made to provide me with my chosen color, everyone's hair absorbs color differently and my final results may not be the color I initially wanted.
- \_\_\_\_\_ I understand that over the course of several weeks, the tint will gradually lighten and fade. Re-tinting will be required to keep the new color fresh. Most clients need to re-tint every 3-4 weeks.

I have read the above information and if I have any concerns, I will address these with my skin therapist. I give permission to my therapist to perform the waxing procedure we have discussed and will hold her and her staff harmless from any liability that may result from this treatment. 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 aesthetician 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 aesthetician 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 aesthetician, 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.

Patient Signature: \_\_\_\_\_ Aesthetician \_\_\_\_\_