

# Informed Consent for Services and Treatments

## Waxing Services

Have you used any Alpha Hydroxy Acid (AHA) or glycolic products in the past 48-72 hours? \_\_\_

Are you using Retin-a, Renova or Accutane (an oral form of Retin-a)? \_\_\_\_\_

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

Are you exposed to the sun daily or considering spending more time in the sun soon? \_\_\_\_\_

Do you use tanning beds? \_\_\_\_\_

Are you diabetic? \_\_\_\_\_

Please list all medications including over-the-counter and herbal supplements

\_\_\_\_\_

What skin products are you currently using? \_\_\_\_\_

Have you ever been treated for cancer? \_\_\_\_\_

Please list any illnesses you are currently being treated for: \_\_\_\_\_

\_\_\_\_\_

What is your menstrual cycle due date? \_\_\_\_\_ **(always allow 5 days for cycle. Because of water retention and for your own personal comfort, you should avoid hair removal for 2 days before and 2 days after cycle)**

**\*\*please note that waxing does have certain side effects such as skin removal, redness, swelling, tenderness & bruising...etc\*\***

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 U Medspa 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 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 understand this consent form is good for one year.

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