

# WAXING

FIRST NAME:

LAST NAME:

STREET ADDRESS:

CITY/STATE/ZIP CODE:

PRIMARY PHONE:

MOBILE:

EMAIL:

BIRTHDAY:

HOW DID YOU HEAR ABOUT US?

Have you been waxed before? yes / no If yes, what areas: \_\_\_\_\_

Any problems? \_\_\_\_\_

Do you take or use any products that contain the following (circle all that apply):

Isotretinoin ..... Tetracycline ..... Retinoic Acid ..... AHA Glycolic Acid ..... Hydroquinone  
Blood thinners ..... Aspirin ..... Anticoagulant

Have you recently had any type of chemical or glycolic peel? yes / no

If glycolic, what percentage? \_\_\_\_\_

If chemical, please describe: \_\_\_\_\_

Any recent surgery or dermabrasion? yes / no If yes, please describe: \_\_\_\_\_

Any skin cancer or removal of skin cancer? yes / no If yes, please describe: \_\_\_\_\_

Do you have any moles, warts, abrasions, skin irritations or skin inflammation in the areas to be waxed? yes / no If yes, please describe: \_\_\_\_\_

Have you been exposed to any tanning method in the past 24 hours? yes / no

Do you have: food allergies? yes / no \_\_\_\_\_

allergies to latex? yes / no \_\_\_\_\_

other allergies? yes / no \_\_\_\_\_

Have you ever suffered from claustrophobia? yes / no

Are you currently on any medications? yes / no If yes, please list name and reason for medication: \_\_\_\_\_

Have you used Accutane in the past 12 months? yes / no

Are you (circle all that apply): pregnant...trying to become pregnant...lactating...menstruating

Is there anything I should be aware of before your treatment? \_\_\_\_\_

In consideration for receiving services at milk + honey, I hereby release, waive, discharge, and covenant not to sue Spa Partisan, Inc., its officers, agents, servants, and employees or other business entities owned, operated or controlled either in whole or in part by Spa Partisan Inc. from any and all liability, claims, demands, actions, and causes of action related to any loss, damage, or injury that may be sustained by me or property belonging to me, whether caused by negligence or otherwise, while participating in such activity or while on milk + honey premises. I am fully aware of the risks involved and hazards connected with spa and salon treatments, and I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, that may be sustained by me, or any loss or damage to property owned by me as a result of being engaged in such an activity, whether caused by the negligence or otherwise.

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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