



Waxing Intake Form

Name _____

Are you currently using or have ever used the following on your skin:

Accutane – if yes, when? _____

Retin-A/Retinol/Differin/Renova – if yes, when? _____

Metrogel – if yes, when? _____

AHA aka Alph-Hydroxy Acids (glycolics, lactic, etc.) _____

BHA aka Beta Hydroxy Acids (salicylic) - if yes, when? _____

BPO (Benzoyl Peroxide) – if yes, when? _____

Hydroquinone medications (Eldoquin forte, Melanex, Soloquin, etc.) - if yes, when?

Do you currently tan in a tanning bed – if yes, when? _____

Do you keloid (raised scar for a cut or burn)? _____

Have you ever had any irritations or problems with past waxings? If yes, explain _____

Have you ever been diagnosed by a dermatologist for having eczema or Psoriasis? _____

Have you received any facial treatments within 10 days of this present waxing session - if yes, when? _____

If appointment is for body waxing, are there any varicose veins present? _____

Have you ever been diagnosed with diabetes (types I or II)? _____

