Business name _____

Hair Removal Consent

Waxing can lift or tear the skin if it's thin, sunburnt, or recently treated with retinoids. That's the main risk, and it's why the questions below matter even if you've been waxed before without any issues.

Full name

Date of birth

Home address

Are you using Roaccutane/Accutane or retinoids now, or in the last 6 months?	☐ Yes	☐ No
Do you have diabetes or poor circulation?	☐ Yes	☐ No
Any varicose veins in the area to be treated?	☐ Yes	☐ No
Are you pregnant? (some areas may need adapting)	☐ Yes	☐ No
Any sunburn, or other treatments (peels, retinol) on this area in the last week?	☐ Yes	☐ No

☐ I understand the aftercare advice given and agree to follow it.

☐ I confirm the information I've given above is accurate, and I consent to this treatment.

☐ I give my explicit consent for the business named above to use the health information on this form to provide my treatment safely.

Client's signature _____ Date _____

Client's name in capitals _____

Therapist's signature _____ Date _____