

DOSHA J. WELCH ESTHETICS & WELLNESS

INTAKE FORM & POLICIES & PROCEDURES

Personal Information

Name: _____ Date of Birth _____ Gender _____
Address: _____
City / State / Zip _____
Home phone _____ Cell phone _____
Emergency Contact Name: _____ Phone: _____
Date of initial visit _____

Have you used any Alpha Hydroxy Acid (AHA) or glycolic products in the past 48-72 hours? ☐ Yes ☐ No

Are you using Retin-a, Renova or Accutane (an oral form of Retin-a)? ☐ Yes ☐ No

Are you using any other skin thinning products and/or drugs? ☐ Yes ☐ No (refer to INFORMED CONSENT OF WAXING CONTRAINDICATIONS sheet)

Are you exposed to the sun on a daily basis or are you considering spending more time in the sun soon? ☐ Yes ☐ No

Do you use a tanning bed? ☐ Yes ☐ No

Are you diabetic? ☐ Yes ☐ No

What medications, if any, are you currently taking or have taken in the past 12 months? Please list all (including over the counter drugs/herbal supplements):

What skin products do you regularly use on your skin?

Have you ever been treated for cancer? If yes, when and what types of therapies were used?

Please list any other illness/condition you are currently being treated for by a medical professional

Do you have any allergies to products or medications? ☐ Yes ☐ No

FOR FEMALE CLIENTS

Are you pregnant? ☐ Yes ☐ No If so, what trimester? _____

Are you lactating? ☐ Yes ☐ No

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

I, _____, have read the above information and if I have any concerns, I will address these with my esthetician. I give permission to my esthetician 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, prescription drugs, and/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-waxing guidelines. 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 have additional questions or concerns regarding my treatment or suggested home product / post-waxing 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 do not hold the esthetician, whose signature appears below, responsible for any of my medical conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

Client Signature

Date

Esthetician Signature

Date