

Inner Essence Spa Waxing Release

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone (home) _____ (cell) _____ (work) _____

Marital Status _____ Children _____

Occupation _____

How did you hear about Inner Essence Spa? _____

Emergency Contact Info

Name _____ Relationship _____

Phone _____ Email _____

Have you been treated for cancer? **NO**

YES _____

Have you used any Alpha Hydroxy Acid or Glycolic products in the past 72 hours? **NO YES**

Are you using Retin A (oral form), Renova or Accutane? **NO**

YES _____

Are you using any other skin thinning products/drugs? **NO YES** _____

Are you exposed to the sun on a daily basis? **NO**

YES _____

Do you use a tanning bed? **NO YES** if yes, how frequently? _____

Do you have allergies? **NO**

YES _____

Are you currently taking medications? **NO**

YES _____

Have you had any cosmetic facial injections in the last 24 hours? **NO**

YES _____

Please note that waxing does have certain side effects such as skin removal, redness, swelling, irritation, and tenderness. Inner Essence Spa LLC is not responsible for the aggravation of conditions which were present but not disclosed to the practitioner at the time of service received, which may be affected by the same service. Inner Essence Spa LLC is not responsible for any condition which may or may not have resulted from experiencing services at our facility.

Signature _____ Date _____

Printed Name _____