

Nail / Waxing Consent

 Name:

What prompted you to come in today?

\*Relaxation \*Injury/Pain \*Stress \*Other:

What are your current skincare concerns/goals?

Are you affected by any medical conditions or recently has any type of surgery?

Please list all prescription and over the counter medications:

If you ever experienced an allergic reaction or know of any allergies please list:

Upon assessment, if one or more of these conditions are apparent, service may not be possible at this time.

Guest signature:

Date: