

Waxing/Depilation Consultation Form

Name:.....

Address:.....

..... Postcode:.....

Tel:..... e-mail:.....

Profession/Lifestyle:.....

Age Group: Under 20 20-30 30-40 40-50 50-60 60+

Last Visit to your doctor:.....

Number of children (if applicable):.....

Date of last period (if applicable):.....

Contraindications requiring medical permission – in circumstances where medical permission cannot be obtained clients must give their informed consent in writing prior to treatment. Select if/where appropriate:-

- | | |
|---|---|
| <input type="checkbox"/> Cardiovascular conditions (thrombosis, phlebitis, hypertension, hypotension, heart conditions) | <input type="checkbox"/> Nervous/Psychotic conditions |
| <input type="checkbox"/> Haemophilia | <input type="checkbox"/> Recent operations |
| <input type="checkbox"/> Any condition already being treated by a GP or other practitioner | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Medical Oedema | <input type="checkbox"/> Trapped/Pinched nerve |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Severe varicose veins |

Contraindications that RESTRICT treatment. Select if/where appropriate

- | | |
|---|--|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Self Tan |
| <input type="checkbox"/> Infectious or contagious diseases | <input type="checkbox"/> Heat rash |
| <input type="checkbox"/> Under the influence of recreational drugs or alcohol | <input type="checkbox"/> Hairy moles |
| <input type="checkbox"/> Any known allergies | <input type="checkbox"/> Hormonal implants |
| <input type="checkbox"/> Infectious skin diseases and disorders | <input type="checkbox"/> Recent fractures (minimum 3 months) |
| <input type="checkbox"/> Undiagnosed lumps and bumps | <input type="checkbox"/> Neuralgia |
| <input type="checkbox"/> Localised swelling | <input type="checkbox"/> Vascular skin |
| <input type="checkbox"/> Inflammation | <input type="checkbox"/> Hypersensitive skin |
| <input type="checkbox"/> Cuts | <input type="checkbox"/> Loss of skin sensation |
| <input type="checkbox"/> Bruises | <input type="checkbox"/> Varicose veins |
| <input type="checkbox"/> Abrasions | <input type="checkbox"/> 48 hours after sun tanning |
| <input type="checkbox"/> Scar tissues (2 years for major operation and 6 months for small scar) | <input type="checkbox"/> Bells Palsy |
| <input type="checkbox"/> Sunburn | <input type="checkbox"/> Abnormal hair growth |

Patch Test: Negative Positive Date of test:..... Brand of wax:.....

Area(s) Waxed:.....

I confirm that I have answered truthfully to the above questions and cannot hold the beautician responsible for any adverse reactions to the treatment provided.

Signed:..... Print Name:..... Date:.....

Aftercare Advice

One thing a lot of people forget is the aftercare advice to the clients. The following information should be provided to your client prior to and after the service:-

For 24 hours after waxing it is essential to avoid the following:

- **All heat treatment including sunbathing, sun bed treatment, Steam room, Sauna.**
- **Baths/ hot showers**
- **Hot water bottles**
- **Swimming in chlorinated water**
- **Aerobics**
- **Moisturiser**
- **Body lotion**
- **Body sprays/Deodorants**
- **Perfume**
- **Talc**
- **Make-up**
- **False Tan**
- **Tights, Leggings or tight jeans**
- **Friction of skin whatsoever**

Clients may apply more antiseptic cream, i.e. savlon, tea tree or germolene cream to the waxed area if skin is irritated.

After 24 Hours

- **Exfoliate regularly to help prevent in-growing hairs.**
- **Moisturise daily to replenish the moisture in the skin and to help prevent in-growing hairs.**
- **Return if you have any concerns about the area (adverse reactions will need to be noted and possibly referred to their pharmacist or doctors).**
- **Maintain with regular treatment (usually 6-8 weeks but could be 2-3 weeks with the first 3 or 4 treatments)**