



**Health Therapy
Beauty Center**

12791 Kenwood Lane #1001
Ft. Myers Florida 33907
www.FtMyersMassageAndSkinCare.com

WAXING CLIENT INTAKE FORM

To make your appointment pleasant and comfortable, please complete this form. This form is used to collect information about new clients and used for internal purposes only. The information you provide is confidential and will be treated accordingly. If you have any questions, please ask!

Name _____ Phone _____ Date of Birth _____

Address _____ City/State/Zip _____

Occupation _____ How did you hear about us? _____

May we contact you about upcoming promotions/discounts? Yes / No (Circle) Do you prefer: Text or Email (Circle)

Email Address _____ Texting Number _____

SKIN HISTORY

Do you have any tendencies to:

Ingrown Hair Scarring Bumps Bruising Hyperpigmentation

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

Are you using Retin-a, Renova or Accutane? Yes No

Are you using any other skin thinning products and/or drugs? Yes No

Are you exposed to the sun on a daily basis? Yes No

Do you plan to spend more time in the sun soon? Yes No

Do you use a tanning bed? Yes No

Have you ever had a waxing treatment before? Yes No

Have you ever had a reaction to waxing? Yes No

What skin products do you regularly use on your skin? _____

WHAT SERVICE WOULD YOU LIKE

Face:

- Brow
- Lip
- Chin
- Full Face
- Side Burns

Upper Body:

- Full Arms
- Half Arms
- Under Arms
- Back/Shoulder
- Abdomen
- Chest

Lower Body:

- Full Legs
- Half Legs

Other:

- Brazilian
- Bikini
- Full Body

Other: _____

ACKNOWLEDGMENT & RELEASE

I have completed this form truthfully and to the best of my knowledge. I agree to inform the technician of any change in the above information. I agree to waive all liabilities toward my technician and the employer for any injury or damages incurred due to any misrepresentation of my health history.

Signature Date

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