



# TS SKIN CARE

## WAXING INTAKE FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex  M  F

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

How Did You Hear About Us?  Internet Search  Print Ad  Walk By  Yelp

Facebook  Referred By: \_\_\_\_\_  Other (Please Specify): \_\_\_\_\_

Have you used any Alpha Hydroxy Acid (AHA) or glycolic products in the past 72 hours?  Y  N

Are you using Retinols, Retin-a, Renova?  Y  N

In the past year have you, or are you currently taking Accutane?  Y  N

Are you using any other skin thinning products and/or drugs?  Y  N

Are you exposed to the sun daily or do you plan to spend more time in the sun soon?  Y  N

Have you used a tanning bed in the past 48 hours?  Y  N

Are you a diabetic?  Y  N

Do you suffer from epilepsy?  Y  N

Are you currently taking any medications? If so, please list all (including all 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 illnesses/ conditions you are currently being treated for by a medical professional:

When is your menstrual cycle due? \_\_\_\_\_

**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 skin therapist. I give permission to my therapist 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 or prescription drugs or products I am currently ingesting or using topically. I understand my Aesthetician will take every precaution to minimize or eliminate negative reactions as much as possible.**

Initial \_\_\_\_\_

**I have read and understand the post- treatment client instructions. I am willing to follow the recommendations made by my Aesthetician for a home care regimen that can minimize or eliminate possible negative reactions. In the event that I may have additional questions or concerns regarding my treatment or suggested home post treatment care, I will consult the Aesthetician immediately.**

Initial \_\_\_\_\_

**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 risk. I do not hold the Aesthetician, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.**

Initial \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
DATE \_\_\_\_\_

PARENT/ LEGAL GUARDIAN SIGNATURE

(Minors under the age of 18 must have a parent/legal guardian signature)

## CANCELLATION AND LATE ARRIVAL POLICIES

Missed appointments have an impact on our aesthetician & staff schedules. Due to the amount of time we reserve for each client, a missed appointment creates a large gap in our schedule. Please be considerate of your aesthetician and provide **at least 24-hour** notice when rescheduling or cancelling an appointment. Appointments changed or cancelled within 24 hours of the scheduled appointment time will be subject to a \$75.00 cancellation fee. \*Appointments that are less than 2-hours will be subject to a 20% cancellation fee.

I \_\_\_\_\_ authorize TS Skin Care to charge my credit card for \$75.00 in the event that I no show, cancel, or reschedule my appointment without 24-hour notice. I also understand, that if I do not show or fail to give 24-hour notice of my cancellation of a prepaid treatment, I will forfeit the prepaid treatment.

If your credit card is denied and there is failure to pay a no-show/cancellation fee, this will be treated as an unpaid balance, which will accrue interest at the annual percentage rate of eighteen percent (18%), or the highest rate allowed by law, whichever is higher, is subject to being reported to a collection agency.

\_\_\_\_\_ Initial

This policy is to help ensure that we will be able to schedule clients adequately and not have to waste an appointment time that someone else desired. We handle emergencies on an individual basis.

Being late for an appointment affects our aestheticians & staff, as well as our other clients. For that reason, **if you are more than 10 minutes late to an appointment, we may ask that you reschedule your appointment.** On the day of an appointment, if you think you will be arriving late, we ask that you call our office to inform our staff. At that time, it will be determined if your appointment will need to be rescheduled.

\_\_\_\_\_ Initial

We reserve the right to deny appointments to any client who has not shown up for a scheduled appointment, or canceled an appointment without sufficient notice, more than **twice**.

\_\_\_\_\_ Initial

## RETURN POLICY

Returns and Exchanges of Products must be made within 30 days of original purchase.

\_\_\_\_\_ Initial