

Name: _____ Email address: _____

Address: _____ City: _____ State: _____ Zip: _____

Best Phone: _____ Can I text/email your confirmation? Y / N

Are you using Retin-a, Renova or Accutane (any other oral skin medications) Y / N

Are you currently under a physician's care? Y / N

What other skin treatments may you be interested in?

(Female clients) When is your next menstrual cycle due to begin? _____ (It is best for your personal comfort to avoid hair removal two days before your cycle is due and two days after it is completed.) Another helpful hint is to use an anti-inflammatory 1 hour prior to help alleviate discomfort. If you are on your cycle, you must be wear a tampon.

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 Kristin Green L.E. I give permission to Kristin 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 Kristin will take every precaution to minimize or eliminate negative reactions as much as possible. I have read and understand the post-treatment home care instructions. I am willing to follow recommendations made by Kristin 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 product / post-treatment care, I will consult Kristin immediately. 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 risks. I do not hold Kristin, whose signature appears below, 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.

Client signature _____ Date _____

Practitioner: Kristin Green _____ Date _____