



Blu Bird Spa – Waxing Treatment Consent Form

Name: _____ Date: ____/____/____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip Code: _____

Email: _____ ☐ Male ☐ Female

DOB: ____/____/____ Occupation: _____ Referred by: _____

Known Allergies: _____

Medications & Supplements (oral/topical): _____

Have you had any adverse reactions to waxing? **Yes / No** If yes, please explain: _____

Please list any illness or condition you are currently being treated for by a medical professional: _____

Please circle any or all that apply to you below:

CONTRAINDICATIONS

Skin inflamed, broken or burned

Botox or Fillers (last 14 days)

Active in Cancer Treatments

Accutane (taken in last 6 months)

Active Herpes or Cold Sores

CAUTION URGED

Used any AHAs, Retin-A, Renova, Acne meds in last week

On Blood Thinners * Skin Thinning Meds or Products

Flat Moles * Warts * Suspicious Growths

Fragile or Broken Capillaries * Varicose Veins

Phlebitis * Diabetes * Pregnant

Please explain all circled items: _____

I understand to follow the recommended Post-Waxing instructions:

- Avoid extended sun exposure & no tanning beds
- ALWAYS APPLY A SUNBLOCK SPF OF 30+ OR GREATER
- Avoid use of a loofah or other exfoliatants to the waxed area for about 48 hrs
- Avoid saunas, steam rooms, Jacuzzis or other heat sources for at least 24 hrs
- Avoid application of Retin- A, Renova, AHA's or other Acne treatment products for 48 hrs
- Avoid aggressive exercise & sweating for about 12 hrs
- Avoid swimming in lakes, oceans or water sources treated with salt or chlorine for about 24 hrs
- Wear loose clothing 24/48 hrs after body waxing

Please note, waxing has certain side effects such as skin removal, redness, swelling, tenderness, etc...

I certify that I have completed this consent form with accurate information of all my medications, supplements, allergies, medical treatments or other treatments that might cause negative reactions for a waxing service. I have read & understand the above post-waxing instructions & willing to follow them along with any other recommendations advised by my aesthetician. I understand my aesthetician will take every precaution to minimize or eliminate negative reactions as much as possible. In the event that I may have additional questions or concerns regarding my treatment, I will consult the aesthetician immediately..

I understand the procedure, accept any risks & give permission to the aesthetician to perform waxing services. I will hold her & Blu Bird Spa harmless from any liability that may result from waxing treatments. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures.

Client Signature _____ **Date** _____

Parent Signature (if under 18 yrs) _____ **Date** _____

Aesthetician _____ **Date** _____

***Waxing Package Disclosure** - We at Blubirdspa strive for consistency however, in the event that your technician is no longer with our Spa, all packages are non-refundable, not transferable for other services, and not used towards products. If you agree to Blubirdspa's terms please initial below. Thank you for your understanding.

Initial: _____ Date: _____